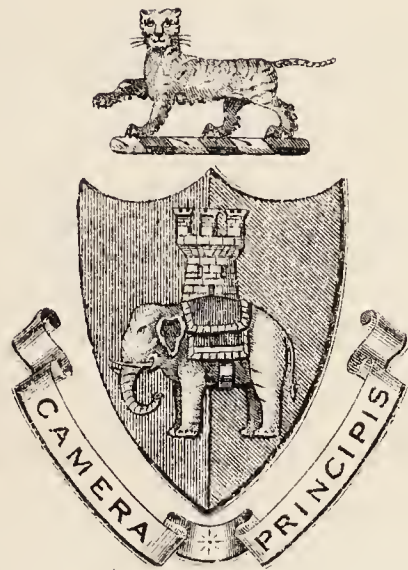


CITY OF COVENTRY.



# Annual Report

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.. ON ..

## The Health of the City

.. BY ..

E. H. SNELL, M.D., B.Sc., Lond.,

OF THE MIDDLE TEMPLE, BARRISTER-AT-LAW

*Diplomate in Public Health of the University of Cambridge; Fellow of the Royal Society of Edinburgh; Fellow, and Member of the Council, of the Royal Institute of Public Health; Fellow of the Royal Sanitary Institute; Past-President of the Midland Branch of the Incorporated Society of Medical Officers of Health; Member of the Royal College of Surgeons, the Royal Society of Medicine, and the Medico-Legal Society*

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1908.

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Coventry:

CURTIS AND BEAMISH, LTD., PRINTERS, HERTFORD STREET.

## SANITARY COMMITTEE.

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THE MAYOR (MR. ALDERMAN WILLIAM LEE, J.P.), *Chairman.*

MR. ALDERMAN J. B. LOUDON, J.P., *Vice-Chairman.*

MR. ALDERMAN WEBB FOWLER, M.D., F.R.C.S., (ED.), J.P.

MR. COUNCILLOR J. BAUSOR.

MR. COUNCILLOR T. A. CASH.

MR. COUNCILLOR E. COLLEDGE.

MR. COUNCILLOR W. HEWITT.

MR. COUNCILLOR J. SLAUGHTER.

MR. COUNCILLOR F. SNAPE.

MR. COUNCILLOR T. A. B. SODEN, M.R.C.S.

MR. COUNCILLOR J. THOMSON.

### TUESDAY—FIXED MEETINGS.

5 Jan., 1909.	16 March.	8 June.	7 Sept.
19 Jan.	30 March.	22 June.	21 Sept.
2 Feb.	27 April.	6 July.	5 Oct.
16 Feb.	11 May.	20 July.	19 Oct.
2 Mar.	25 May.	24 August.	

AT 12 O'CLOCK NOON.

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### SANITARY STAFF.

Public Analyst -	-	-	A. BOSTOCK HILL, M.D., D.P.H.
Veterinary Inspector -	-	-	WILLIAM DALE, M.R.C.V.S.
Inspector of Nuisances	-	-	W. H. CLARKE, Cert. R. San. Inst.
Assistants -	-	-	J. H. DRURY, Cert. R. San. Inst.
			W. MARTIN, Cert. R. San. Inst.
			W. T. BLAKE, Cert. R. San. Inst.
			A. J. JENNER, Cert. R. San. Inst.
Health Visitor -	-	-	Miss M. STROVER, Cert. R. San. Inst.
Correspondence Clerk	-	-	F. EVANS.
General Clerk -	-	-	W. STORER.
Supt. of Disinfecting Dept.	-	-	THOMAS PREEDY.
Medical Officer of Health	-	-	E. H. SNELL, M.D., D.P.H.

## CITY HOSPITAL SUB-COMMITTEE.

(THE MAYOR) MR. ALDERMAN W. LEE, J.P., *Chairman.*

MR. ALDERMAN J. B. LOUDON, J.P., *Vice-Chairman.*

MR. ALDERMAN WEBB FOWLER,	MR. COUNCILLOR J. SLAUGHTER.
M.D, F.R.C.S. (ED.), J.P.	„ „ T. A. B. SODEN,
MR. COUNCILLOR T. A. CASH.	M.R.C.S.
MR. COUNCILLOR E. COLLEDGE.	

*FIXED MEETINGS—EVERY FOURTH MONDAY.*

Being in each case the day preceding a meeting of the Sanitary Committee.

AT 3 P.M., AT THE CITY HOSPITAL.

## CITY HOSPITAL OFFICERS.

Matron	- - - -	MISS M. DAVIDSON.
Medical Superintendent	- -	E. H. SNELL, M.D.

## EXECUTIVE SUB-COMMITTEE.

*(Under the Diseases of Animals Acts, 1894 and 1896, and Orders of Board of Agriculture thereunder.)*

MR. ALDERMAN LEE, J.P.	MR. COUNCILLOR CASH.
„ „ LOUDON, J.P.	„ „ SNAPE.
„ COUNCILLOR BAUSOR.	„ „ THOMSON.

MEETINGS WHEN NECESSARY.

## ABATTOIR SUB-COMMITTEE.

MR. ALDERMAN W. LEE, J.P.	MR. COUNCILLOR F. SNAPE.
MR. COUNCILLOR J. BAUSOR.	„ „ T. A. B. SODEN.
„ „ E. COLLEDGE.	„ „ J. THOMSON.

## COMMON LODGING HOUSE SUB-COMMITTEE.

MR. ALDERMAN W. LEE, J.P.	MR. COUN. CASH.
„ „ J. B. LOUDON, J.P.	„ „ E. COLLEDGE.

## EDUCATION COMMITTEE.

---

ALDERMAN LEE.	COUNCILLOR V. PUGH.
„ BIRD.	„ SODEN.
„ FOWLER.	REV. PROFESSOR MASTERMAN,
COUNCILLOR BANNINGTON.	M.A.
„ BATCHELOR.	„ A. D. PERROTT, M.A.
„ BETTMANN.	MRS. F. B. M. ROTHERHAM.
„ COLLEDGE.	„ S. CASH.
„ COPSON.	MISS M. SCAMPTON.
„ HALLIWELL.	MR. T. BURBIDGE.
„ LEE.	„ J. BILL.
„ MCGOWRAN.	„ W. F. WYLEY.
„ PLAYER.	„ J. I. BATES, B.Sc.
„ POOLE.	„ W. JONES.

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## *FIXED MEETINGS.*

ON WEDNESDAYS, AT 3 P.M., AT ST. MARY'S HALL.

Nov. 18, 1908.	March 3, 1909.	June 23, 1909.
Dec. 9, „	„ 31, „	July 21, „
Jan. 6, 1909.	April 28, „	Sept. 22, „
Feb. 3, „	May 26, „	Oct. 20, „

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## *MEDICAL DEPARTMENT.*

Medical Officer	-	-	E. H. SNELL, M.D., D.P.H.
Assistant Medical Officer	-	-	CATHERINE CORBETT, M.B., D.P.H.†
			A. E. R. WEAVER, M.D., D.P.H.
Health Visitor	.	-	ETHEL B. SEATON.*
Clerk	-	-	T. F. MARSDEN.

\* Holds Certificate of Central Midwives Board, and is a trained Nurse.

† Since resigned.



By the order of the Local Government Board, dated March 23, 1891, Article 18, Section 14, it is prescribed that the Medical Officer of Health shall “make an Annual Report to the  
“Sanitary Authority, up to the end of December in each  
“year, comprising a summary of the action taken, or which  
“he has advised the Sanitary Authority to take, during the  
“year for preventing the spread of disease, and an account  
“of the sanitary state of his district generally at the end  
“of the year. The report shall also contain an account of  
“the inquiries which he has made as to conditions injurious  
“to health existing in the District, and of the proceedings  
“in which he has taken part or advised under any Statute,  
“so far as such proceedings relate to those conditions; and  
“also an account of the supervision exercised by him, or on  
“his advice, for sanitary purposes over places and houses  
“that the Sanitary Authority have power to regulate, with  
“the nature and results of any proceedings which may have  
“been so required and taken in respect of the same during  
“the year. The report shall also record the action taken by  
“him, or on his advice during the year, in regard to  
“offensive trades, to dairies, cow-sheds, and milk shops,  
“and to factories and workshops. The report shall also  
“contain tabular statements (on Forms to be supplied by  
“Us, or to the like effect), of the sickness and mortality  
“within the District, classified according to diseases, ages,  
“and localities.”

Under Sec. 132 of the “Factory and Workshop Act, 1901,” the Medical Officer is also required in his Annual Report to report specifically on the administration of the Factory Act in workshops and workplaces, and to send a copy of his Annual Report, or so much of it as deals with this subject, to the Secretary of State.

The Memorandum of the Board of Education, dated November 22nd, 1907, requires that “every School Medical Officer should make an Annual Report to the Local Education Authority on the schools and children under his superintendence. The report should be concerned chiefly with the conditions and circumstances affecting the health of the children in the Elementary Schools of the district.

It should also contain statistical records of the number of children examined and of those re-examined or under medical supervision; the nature and results of the examination; the number of visits paid to classes; the number and character of the diseased conditions found at certain age periods; particulars as to blind, deaf, defective and epileptic children; the medical advice given both as to the prevention of conditions inimical to health and the remedy of diseased conditions that may be discovered, action taken, and so forth.”



PART I.

Vital Statistics, &c.



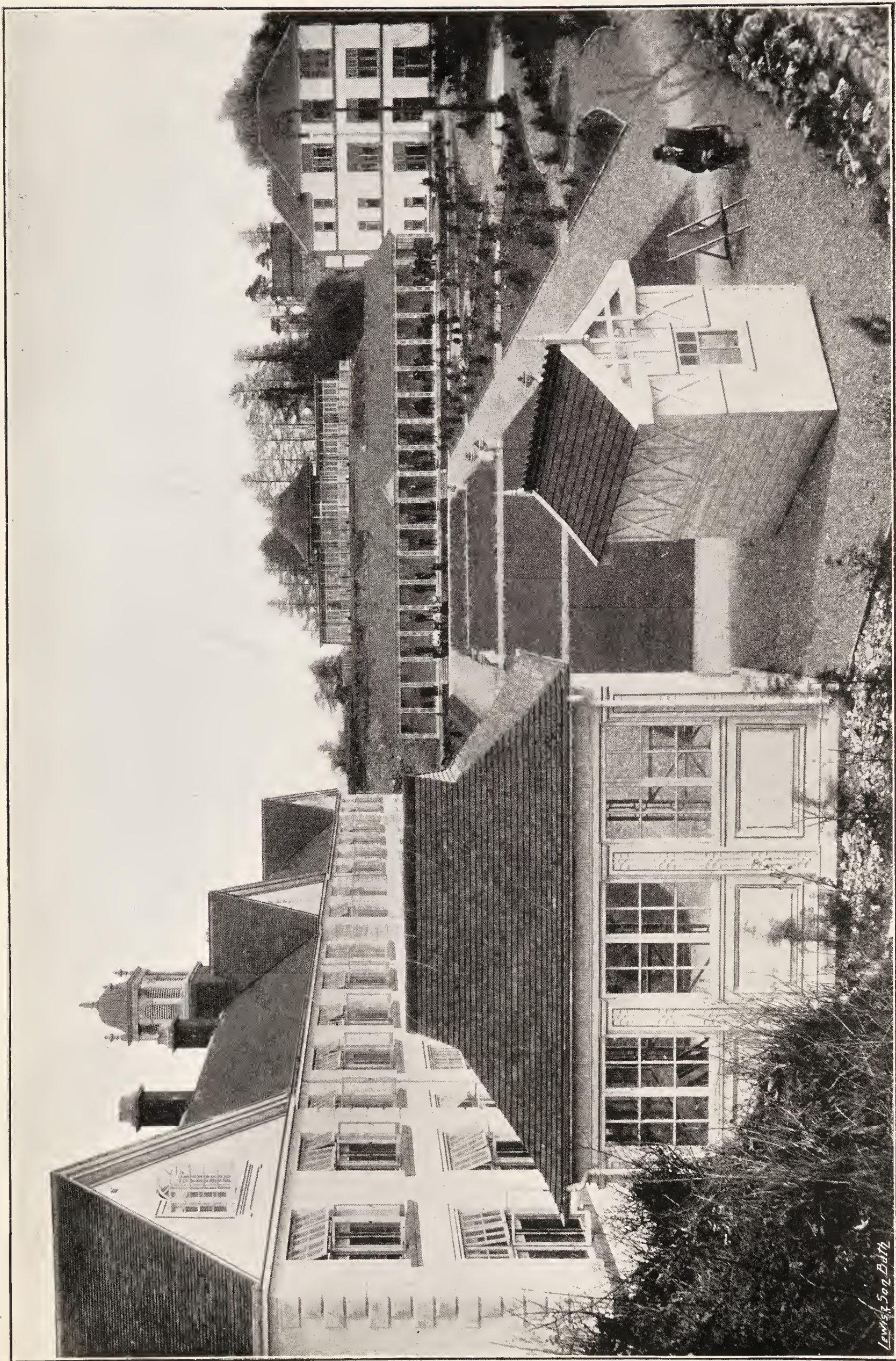




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General View of Winsley Sanatorium.

Lewis & Son, Bath



# CITY OF COVENTRY.

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## Thirty-fourth Annual Report

OF THE

MEDICAL OFFICER OF HEALTH.

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To the Right Worshipful the Mayor, Aldermen,  
and Councillors of the City of Coventry.

MR. MAYOR AND GENTLEMEN,

I have the honour of submitting to you the thirty-fourth Annual Report—the twelfth that I have presented—concerning the vital statistics and general sanitary condition of your City.

I have pleasure in recording that the lowest local death rate on record (13.2), which was reached in 1907, was very nearly touched by the rate for 1908, which was 13.3. The figure representing the infantile mortality (93) is the lowest which has ever been reached in this City; this is referred to later.

I think that the most notable event of public health interest for the year was the coming into force, on January 1st, 1908, of the Education (Administrative Provisions) Act of 1907; I believe that this will have more far-reaching effects on the health of the community than any Act of Parliament that has been passed in recent years. The requirements of that Act, and the recommendations of the Board of Education in connection with it relating to the co-ordination of the work under that Act with the work of the Health Department, have suggested certain alterations in the arrangement of this report, so that the work done under that Act may be regarded as an integral part of a report which deals with every matter which may be considered to affect the health of the community. With this exception the arrangement of this report follows the lines of previous reports.

## Summary of Vital Statistics.

The principal features of the vital statistics for the year 1908 have been as follows :—

Estimated population at the middle of the year, 91,000.

Birth Rate, 28.9. Average for previous 10 years, 29.1.

Marriage Rate, 17.0. Average for previous 10 years, 17.2.

Recorded Death Rate, 13.3. Average for previous 10 years, 15.5.

Infantile Death Rate, 93 per 1,000 births. Average for previous 10 years, 135.

Zymotic Death Rate, .94. Average for previous 10 years, 1.9.

Respiratory Death Rate (excluding Phthisis), 2.12.

Phthisis Death Rate, 1.31.

Death Rate from other forms of Tuberculosis, .45.

## Physical Features of the City and District.

My Report for 1903 contained a brief description of the physical features of the district, kindly supplied me by Mr. Alderman Andrews, F.G.S.

## Population.

The following is an extract from a report I made to your Sanitary Committee, on January 4th, 1908, on this subject :—

“ The Registrar General’s estimate of the population of this City last year was 77,626; this figure is obtained on the supposition that the rate of increase which pertained between 1891 and 1901 has been continuing.

We however know that this rate has considerably increased; and on our local knowledge afforded by the unofficial census in 1906 I last year estimated the population to be 87,000.

By the middle of the year it was possible to review this figure in the light of the increase which had taken place in the number of the houses; and it appeared from this consideration that the estimate of 87,000 was probably an under-estimate. If the houses correctly represented the increase of population, the population probably stood at 87,981.

The Registrar General’s estimate for 1908 is not yet available, but it will probably approximate to 79,000.\*

\* The Registrar-General’s Estimate was 78,889.



In fixing on the most probable figure for the population in 1908, I have supposed that the estimate of 87,000 for 1907 was an under-estimate, and on the other hand I have supposed that the increase in the building operations, and therefore in the population, may be somewhat less than it has been in 1906 and 1907. The figure which, in this way, I obtain is **91,000**, and unless circumstances should indicate any probable error in this estimate, it is on this figure that I propose to calculate the vital statistics for the year."

Later in the year it was possible to compare this estimate with the actual number of houses which were built and occupied, and this comparison furnished no reason for thinking that the estimate made early in the year was far removed from the actual truth.

I append below a table based on information kindly furnished me by the City Engineer as to the number of certificates that had been granted for new houses between the middle of 1907 and 1908, from which it is possible to form an estimate of the increase in the population in the several wards.

WARDS.	Houses completed June 30th, 1907, to June 30th, 1908.	Estimated Increased Population.	Estimated Population.
Radford ..	16	116	6751
Foleshill ..	127	675	9847
Harnall ..	108	675	8382
Swanswell ..	84	360	8635
Bablake ..	7	45	5710
Cheylesmore ..	25	126	7867
Hearsall ..	257	675	8561
Grey Friars ..	2	—	6422
Hillfields ..	17	68	8039
All Saints' ..	—	—	6089
St. Mary's ..	—	—	6242
Stoke .. ..	424	1260	8455
	1067	4000	91000

### Vital Statistics of the Wards.

The following table shows the death rates of the several wards, so far as they can be shown, with approximate estimates of the population; obviously too much reliance must not be placed on these figures. The position is different in the case of the figures representing the Infantile Death Rates in the several wards; these are based on the actual number of deaths of infants which occurred in the different wards compared with the actual number of births that occurred in those wards; they are not based on estimates; it will be noted that remarkable variations occur in this rate; it may be a coincidence, or it may not, that the ward, Swanswell, which is the nearest to the refuse tip, has the highest infantile mortality, and that the ward, Hearsall, which is the farthest removed, has the lowest infantile mortality rate.

WARDS.	Estimated Population, 1908.	Occupied Houses, Census 1901.	Vacant Houses, Census 1901.	Vacant Houses, 1908.	Demolished in 1908.	Death Rate, 1908.	Average Death Rate (10 years).	Infantile Death Rate.
Radford .. ..	6751			6	2	12·2		62
Foleshill .. ..	9847			42	3	10·2		97
Harnall .. ..	8382			26	3	13·3		105
Swanswell .. ..	8635			28	—	13·0		145
Bablake .. ..	5710			11	—	18·3		97
Cheylesmore ..	7867			17	6	18·4		143
Hearsall .. ..	8561			41	—	10·0		40
Grey Friars' ..	6422			17	—	12·6		99
Hill Fields .. ..	8039			10	2	10·4		78
All Saints' .. ..	6089			15	1	14·9		102
St. Mary's .. ..	6242			25	2	18·1		115
Stoke .. ..	8455			43	6	12·1		55
	91000	15571	511	281	25	13·3	15·5	93·1

*The following Tables record the vital statistics and general growth of the City, as far as information can be acquired.*

Coventry was constituted a separate County by Charter of Henry VI., 1451.

Incorporated with the County of Warwick, 1842.

Constituted a County Borough, 1888.

Area = 4,147 acres.

Rateable Value, 1908	£358,170	10s.	od.
„ „ 1898	£215,459	0s.	od.
„ „ 1888	£128,538	15s.	od.

Density of Population, 1908 = 21·9 per acre.

„ „	1907 = 20·9	„
„ „	1906 = 20·2	„
„ „	1905 = 19·5	„
„ „	1904 = 18·6	„
„ „	1903 = 18·1	„
„ „	1902 = 17·6	„

Average number of persons to each occupied house, 1908 = 4·6

„ „	„	1907 = 4·4
„ „	„	1906 = 4·5
„ „	„	1905 = 4·5
„ „	„	1904 = 4·6
„ „	„	1903 = 4·5
„ „	„	1902 = 4·5
„ „	„	1901 = 4·5
„ „	„	1900 = 4·5
„ „	„	1899 = 4·6
„ „	„	1898 = 4·7
„ „	„	1897 = 4·9
„ „	„	1891 = 4·5

Year.	Houses Inhabited.	Vacant.	Population.	Mortality.	Zymotic Mortality.	Deaths under one year per 1000 born.	Birth Rate.
1377	.....	.....	7,000	.....	.....	.....	.....
1586	.....	.....	6,502	.....	.....	.....	.....
1643	.....	.....	9,500	.....	.....	.....	.....
1694	.....	.....	6,710	.....	.....	.....	.....
1723	1,934	.....	.....	.....	.....	.....	.....
1748	2,066	.....	12,817	32 ?	.....	.....	35 ?
1801	2,930	.....	16,034	.....	.....	.....	.....
1811	3,448	*60	17,923	.....	.....	.....	.....
1821	3,729	*114	21,448	.....	.....	.....	.....
1831	5,444	*421	27,298	.....	.....	.....	.....
1841	6,531	*590	31,032	.....	.....	.....	.....
Ten Years' Average.							
1851	7,783	*151	36,812	27	.....	.....	.....
1861	8 991	*1,026	40,936	25	.....	.....	.....
1871	8,535	*816	37,670	22	.....	.....	.....
1881	9,223	*643	42,111	20	3'3	150	35'4
1891	11,496	*284	52,724	18'5	1'7	142	32
1901	15,571	353	69,877	16'96	1'9	153'7	29'8
1892	11,789	114	54,000	15'4	'85	117	31'7
1893	11,989	165	54,700	17'1	1'1	160	29'9
1894	12,134	213	55,300	16'1	2'1	157	29'0
1895	12,223	261	56,000	17'0	2'0	152	28'1
1896	12,606	48	59,151	16'3	1'8	149	28'3
1897	†12,440	73	61,234	16'8	1'8	157	31'3
1898	†12,939	75	61,555	17'3	2'9	200	31'1
†1899	†13,297	112	61,796	19'0	2'2	164	30'5
1900	15,461	292	70,075	17'5	2'4	131	32'3
1901	15,571	353	70,300	17'1	2'5	150	29'2
1902	16,240	239	73,000	13'7	1'1	107	27'7
1903	16,821	286	75,700	15'9	1'9	114	28'6
1904	17,202	547	77,500	14'8	1'5	137	29'9
1905	17,888	162	81,000	13'7	1'3	104	26'5
1906	18,726	87	83,900	14'8	2'5	144	28'8
1907	19,706	89	87,000	13'2	'83	102	29'5
1908	20,581	281	91,000	13'3	'94	93'1	28'9

\* This number includes all business offices, whether in dwelling houses or factories, if not occupied on the night the Census was taken.

† This number omits all business offices, factories, etc.

‡ These figures omit the added area.



## Marriages.

The number of marriages has been 778. This gives a marriage rate of 17.0. The average for the previous twelve years was 17.8. The following table shows the relation with the figures of previous years, and with the marriage rate for the country generally;—

Year.	No. of Marriages	Rate.	Rate for England.
1896	620	21.2	15.8
1897	622	20.2	16.0
1898	634	20.2	16.3
1899	588	18.4	16.5
1900	642	17.5	16.0
1901	578	16.4	15.9
1902	634	17.3	15.8
1903	574	1.3	15.6
1904	580	15.0	15.2
1905	627	15.4	15.3
1906	802	19.1	15.6
1907	797	18.3	15.8
1908	778	17.0	

## Births.

There were 2,630 births registered as having taken place during the year within the City. The distribution of the births in the several wards is given in the table on page 29. The birth rate for the year has been 28.9. The average rate for the previous ten years was 29.1. There were 53 illegitimate births registered, or 2.0 per cent. of the total. In 1907 the percentage was 2.4, and in 1906 2.0.

The birth rate is compared with that for the whole of England and Wales in the following table:—

Year.	No. of Births.	Birth Rate.	Rate for England.
1895	1579	28.1	30.4
1896	1679	28.3	29.7
1897	1920	31.3	29.7
1898	1916	30.6	29.4
1899	1871	29.4	29.3
1900	2269	31.0	28.9
1901	2053	29.0	28.5
1902	2023	27.7	28.6
1903	2165	28.6	28.4
1904	2322	29.9	27.9
1905	2153	26.5	27.2
1906	2422	28.8	27.0
1907	2571	29.5	26.3
1908	2630	28.9	26.5

## Deaths.

There have been 1,209 deaths registered as having taken place during the year within your City; of these 12 were deaths of non-residents, which occurred in public institutions within the City; these have been referred to the districts in which they ordinarily resided; and there were 20 deaths of residents which occurred in public institutions outside the City; these have to be added to the above number. The actual number of deaths, therefore, which has to be regarded in estimating the death rate is 1,217. This gives a *recorded* death rate of 13.37 per thousand of the population. The distribution of these in the several wards is given in the table on page 29. On page 20 is represented a table showing the weekly variations in the uncorrected death rates for the expired portions of each year for the past ten years.

The following table shows the mean age at death of the persons who died in the past fourteen years :—

Year.	Total Deaths.	Total completed Years Lived.	Mean Age at Death.
1908	1217	45744	37.5
1907	1152	42072	36.5
1906	1247	45236	36.2
1905	1114	41866	38.0
1904	1132	39623	35.0
1903	1188	43270	36.4
1902	1007	36743	36.4
1901	1203	39709	33.0
1900	1223	42687	34.5
1899	1182	40156	36.5
1898	1060	29858	28.1
1897	1037	35045	33.8
1896	965	33544	34.7
1895	953	33486	35.1

To compare the “Recorded” death rate with that of other towns, it is necessary to make an allowance for the difference in age and sex constitution of the different towns. This is done by obtaining from the “Standard” \* death rate of each town, the “Factor for Correction.” † The “Standard” death rate of

\* The “Standard” death rate signifies the rate at all ages calculated on the hypothesis that the rates for each sex at each of 12 age-periods in each town were the same as in England and Wales during the ten years 1891-1900, the rate at all ages in England and Wales during that period having been 18.21 per 1,000.

† The “Factor for Correction” is obtained by dividing the “Standard” death rate in England and Wales by the “Standard” death rate in each town, and is the figure by which the “Recorded” death rate should be multiplied in order to correct for variations of sex and age distribution. This gives the “Corrected” death rate.

Coventry is 18.18; the "Factor for Correction" is 1.0017; the recorded death rate is then multiplied by this factor for correction, and the resulting figure is the "Corrected" death rate. The corrected death rate of Coventry in 1908 was 13.39; this is very slightly in excess of the recorded death rate, which is another way of saying that in Coventry the sex and age constitution of the population approximates to that of the country generally, but is so circumstanced that it tends slightly to the advantage of Coventry so far as the actual death rate recorded is concerned.

The death rate for England and Wales was	...	14.7
„ „ the 76 great towns was	...	14.9
„ „ the 142 smaller towns was	...	14.0
„ „ rural England and Wales was		14.7

For the purpose of comparison I am inserting the principal vital statistics for the 76 great towns which are now dealt with by the Registrar-General in his weekly returns. These have been extracted from a table published in "The British Medical Journal," the official annual summary of the Registrar-General not having yet been published; it will be noticed that there is a considerable discrepancy between the figures for Coventry in this table and those in this Report; this chiefly arises from the great error which is now known to exist between the estimated population of this City as given in his estimate and the actual population. This difference amounts to 12,111, or 15 per cent. on the official estimate.

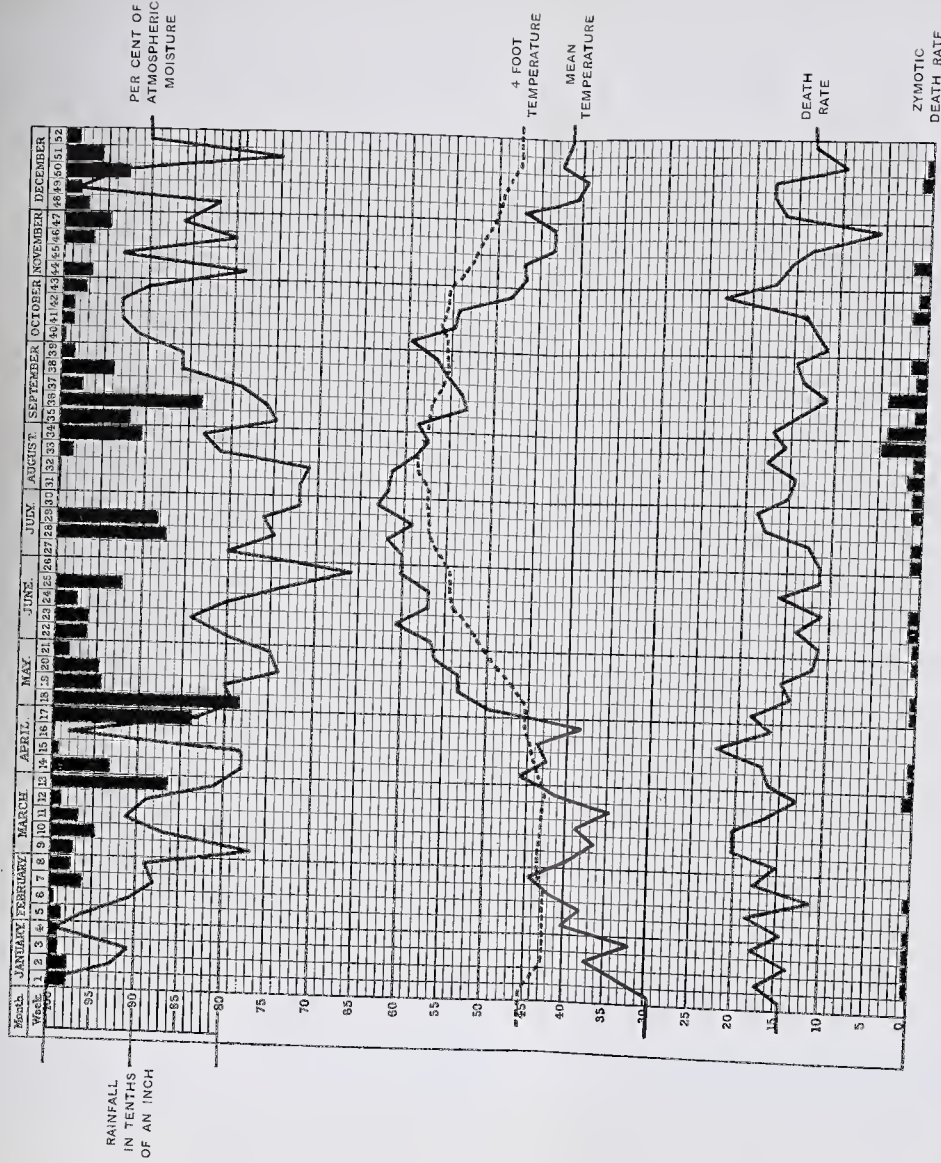


Town.	Estimated Population 1908.	Annual Rate per 1000 living.			Deaths of Children under one year of age to 1000 Births.	Rate per cent. of uncertified Deaths.
		Births.	Deaths.	Principal Infectious Diseases.		
76 Towns .. ..	16,234,952	26·9	14·9	1·59	128	0·9
75 Provincial Towns ..	11,439,195	27·6	15·4	1·67	134	1·3
London .. ..	4,795,757	25·4	13·8	1·35	113	0·1
Croydon .. ..	157,698	25·4	12·8	1·37	99	—
Willesden .. ..	154,792	26·1	10·5	1·00	99	0·4
Hornsey .. ..	92,713	16·1	8·3	0·57	62	0·3
Tottenham .. ..	126,146	30·2	12·5	1·23	96	0·1
West Ham .. ..	315,000	23·8	13·9	2·39	128	0·0
East Ham .. ..	142,976	24·8	10·3	1·27	110	—
Leyton .. ..	125,815	25·8	10·4	0·82	77	0·3
Walthamstow .. ..	131,486	26·2	10·5	0·98	107	—
Hastings .. ..	67,817	15·5	11·7	0·40	81	0·7
Brighton .. ..	129,967	21·3	14·7	0·64	104	0·1
Portsmouth .. ..	211,493	28·4	13·8	0·97	99	0·5
Bournemouth .. ..	70,801	17·1	12·9	0·71	83	0·8
Southampton .. ..	122,196	23·9	12·9	1·17	113	—
Reading .. ..	81,647	22·6	11·8	1·34	99	1·8
Northampton .. ..	96,405	20·9	11·6	0·71	96	1·9
Ipswich .. ..	73,852	24·5	14·3	0·89	107	—
Great Yarmouth .. ..	53,152	26·7	15·0	0·94	126	—
Norwich .. ..	122,841	25·2	14·1	1·12	116	0·7
Plymouth .. ..	122,113	22·2	15·0	0·91	129	—
Devonport .. ..	81,525	25·4	13·3	1·21	125	—
Bristol .. ..	372,785	23·1	13·6	1·16	126	0·2
Hanley .. ..	67,998	33·0	18·4	1·97	166	0·9
Burton-on-Trent .. ..	53,936	22·1	12·7	1·06	111	2·0
Wolverhampton .. ..	103,318	25·8	14·3	1·22	132	0·3
Walsall .. ..	97,778	29·6	14·9	2·07	148	0·6
Handsworth .. ..	68,051	23·0	10·7	0·84	87	1·5
West Bromwich .. ..	69,786	32·4	16·2	1·82	139	1·7
Birmingham .. ..	558,357	28·4	15·9	1·86	144	3·8
King's Norton .. ..	78,608	24·7	10·4	0·88	85	3·6
Smethwick .. ..	68,416	31·0	13·4	1·53	134	1·1
Aston Manor .. ..	84,256	26·1	12·5	1·90	127	0·7
Coventry .. ..	78,889	32·8	15·4	1·10	95	1·9
Leicester .. ..	240,172	23·4	13·0	1·53	131	1·1
Grimsby .. ..	71,800	31·7	14·4	1·46	139	1·3
Nottingham .. ..	260,449	26·6	15·2	1·25	145	0·7
Derby .. ..	127,583	25·9	13·1	0·95	112	—
Stockport .. ..	102,339	27·7	18·2	2·45	168	0·2
Birkenhead .. ..	119,830	31·4	15·8	1·88	136	0·8
Wallasey .. ..	68,849	25·2	13·6	1·51	102	1·2
Liverpool .. ..	753,203	31·7	19·2	2·19	141	2·7
Bootle .. ..	68,248	31·3	18·2	2·50	147	3·5
St. Helens .. ..	93,812	34·7	15·7	1·52	122	3·3
Wigan .. ..	89,636	32·8	18·0	1·88	156	0·1
Warrington .. ..	71,268	32·7	17·0	2·41	134	4·4
Bolton .. ..	185,358	24·5	15·4	1·70	148	0·4



# CITY OF COVENTRY, 1903.

CHART ILLUSTRATING THE RELATION BETWEEN THE DEATH RATES  
AND PRINCIPAL METEOROLOGICAL CONDITIONS.





Town.	Estimated Population 1908.	Annual Rate per 1000 living			Deaths of Children under one year of age to 1000 Births.	Rate per cent. of uncertified Deaths.
		Births.	Deaths.	Principal Infectious Diseases.		
Bury .. ..	59,064	23·0	15·8	1·22	129	1·3
Manchester .. ..	649,251	29·1	18·2	2·25	151	0·7
Salford .. ..	239,294	29·6	17·8	3·04	152	0·5
Oldham .. ..	142,507	28·0	19·8	2·50	159	0·1
Rochdale .. ..	88,821	24·6	18·4	2·18	168	2·3
Burnley .. ..	105,100	28·2	17·9	2·80	200	1·7
Blackburn .. ..	135,961	25·0	15·7	1·56	149	1·8
Preston .. ..	117,799	27·7	18·0	2·24	153	3·3
Barrow-in-Furness .. ..	62,312	30·0	13·1	1·09	111	3·3
Huddersfield .. ..	94,776	24·4	17·1	1·61	111	1·0
Halifax .. ..	111,018	19·0	14·1	1·01	101	1·4
Bradford .. ..	292,136	20·2	15·5	1·36	143	0·2
Leeds .. ..	477,107	24·8	15·3	1·49	137	0·1
Sheffield .. ..	463,222	30·7	15·8	1·85	140	2·5
Rotherham .. ..	63,736	32·8	16·0	2·88	148	1·6
York .. ..	85,861	25·1	12·6	1·14	104	0·1
Hull .. ..	271,137	30·2	16·2	2·19	145	0·8
Middlesbrough .. ..	103,511	35·9	19·8	3·47	158	1·0
Stockton-on-Tees .. ..	53,160	31·6	18·0	2·70	152	1·4
West Hartlepool .. ..	77,573	26·4	12·0	0·72	113	0·5
Sunderland .. ..	157,693	33·0	17·7	1·86	146	2·3
South Shields .. ..	115,535	30·1	15·5	1·69	134	4·6
Gateshead .. ..	128,393	30·9	14·9	1·90	148	5·4
Newcastle-on-Tyne .. ..	277,257	29·7	16·0	1·26	136	0·3
Tynemouth .. ..	55,244	34·3	17·5	1·61	137	2·5
Newport (Mon.) .. ..	76,955	32·6	16·1	1·28	134	0·6
Cardiff .. ..	191,446	26·6	13·0	1·10	125	0·1
Rhondda .. ..	133,137	40·3	18·4	3·49	184	0·7
Merthyr Tydfil .. ..	77,219	35·6	19·1	2·49	178	1·1
Swansea .. ..	97,810	33·1	18·5	1·58	151	0·2



**DEATH RATE.**

From 1st of January each year to the end of each week, or to the Saturday nearest to the date mentioned in the first column for the past 10 years.

Week.	Date.	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	Av'rage for past 10 years
Jan.												
1	" 7	15.6	17.8	17.0	10.2	14.0	13.0	24.3	12.9	13.4	11.0	14.9
2	" 14	13.9	17.7	19.6	12.2	14.0	13.1	22.2	16.0	13.2	13.5	15.5
3	" 21	15.8	16.5	21.9	12.7	14.4	14.3	21.9	14.3	13.9	12.9	15.8
4	" 28	16.0	16.8	21.3	12.8	14.4	13.6	21.5	14.0	14.7	13.6	15.8
Feb.												
5	" 4	16.5	17.3	19.4	13.7	17.0	14.0	20.1	13.1	13.9	13.4	15.8
6	" 11	17.1	17.4	18.6	12.8	17.0	14.1	19.6	14.1	14.5	14.0	15.9
7	" 18	17.1	18.4	18.2	13.8	15.9	14.9	18.0	14.5	14.8	13.2	15.8
8	" 25	16.9	18.3	18.2	15.2	15.9	14.8	17.1	14.3	14.9	13.5	15.9
Mar.												
9	" 4	17.5	18.0	17.8	15.5	17.0	15.5	16.5	14.2	14.5	13.5	16.0
10	" 11	18.8	18.0	18.5	15.6	17.0	15.9	16.5	14.3	14.2	13.9	16.2
11	" 18	19.4	18.0	17.1	15.3	16.9	16.0	16.2	14.5	14.3	14.3	16.2
12	" 25	20.0	18.3	18.0	15.3	16.8	16.0	16.1	14.8	14.1	14.3	16.3
April												
13	" 1	20.9	17.5	16.8	15.4	16.4	16.0	16.6	14.7	14.0	14.1	16.2
14	" 8	21.4	17.9	18.1	15.4	16.4	16.2	16.5	14.8	14.0	14.0	16.4
15	" 15	21.3	17.5	16.8	15.4	15.9	16.4	16.2	14.7	14.2	14.1	16.2
16	" 22	21.2	17.3	18.2	15.5	15.9	16.7	16.0	15.2	13.9	14.4	16.4
17	" 29	21.4	17.4	17.1	15.5	16.4	16.7	16.2	15.8	13.6	14.4	16.4
May												
18	" 6	21.2	17.2	17.0	15.5	16.4	16.6	16.0	15.2	13.7	13.8	16.2
19	" 13	21.2	16.8	16.8	15.5	16.8	16.6	16.7	15.0	14.0	14.3	16.3
20	" 20	21.1	16.6	18.2	15.4	16.7	16.5	16.7	14.7	13.9	14.3	16.4
21	" 27	20.8	16.3	17.7	15.5	16.8	16.4	16.6	14.5	13.9	14.1	16.2
June												
22	" 3	20.4	16.1	17.6	15.5	16.9	16.0	16.5	14.6	13.9	14.0	16.1
23	" 10	20.5	16.0	16.6	15.8	17.0	15.9	16.4	14.4	14.1	13.8	16.0
24	" 17	20.3	15.7	17.2	15.1	17.0	15.3	16.4	14.3	13.8	13.7	15.8
25	" 24	20.1	15.6	16.2	14.8	17.7	15.4	16.3	14.3	13.8	13.6	15.7
July												
26	" 1	19.9	15.1	16.5	14.7	17.6	15.3	16.1	14.3	13.3	13.5	15.6
27	" 8	19.6	15.6	16.9	14.7	17.6	15.0	15.9	14.0	13.6	13.4	15.6
28	" 15	19.5	15.5	17.0	14.7	17.6	14.7	15.8	13.8	13.4	13.3	15.5
29	" 22	19.3	15.3	16.8	14.5	17.5	14.5	15.8	13.6	13.5	13.2	15.4
30	" 29	19.0	15.2	16.1	15.0	17.5	14.6	15.5	13.4	13.4	13.3	15.3
Aug.												
31	" 5	19.2	15.2	17.4	14.7	17.4	14.0	15.4	13.6	13.6	13.4	15.3
32	" 12	19.1	15.1	17.6	14.6	17.0	14.0	15.3	13.5	13.3	13.4	15.2
33	" 19	19.3	15.3	17.7	14.7	16.7	14.2	15.3	13.7	13.0	13.3	15.3
34	" 26	19.4	15.4	17.7	14.6	16.7	14.2	15.3	14.2	12.9	13.4	15.3
Sept.												
35	" 2	19.3	15.7	17.9	14.6	16.7	14.2	15.2	14.2	12.9	13.4	15.4
36	" 9	19.6	15.9	17.8	14.5	16.7	14.3	15.5	14.7	12.8	13.4	15.5
37	" 16	19.5	16.2	17.4	14.5	16.5	14.6	15.3	14.9	12.8	13.4	15.5
38	" 23	19.3	16.2	17.5	14.4	16.5	14.5	15.3	15.1	12.6	13.3	15.4
39	" 30	19.2	16.2	17.3	14.5	16.5	14.6	15.1	14.9	12.5	13.2	15.4
Oct.												
40	" 7	19.1	16.3	17.1	14.3	16.4	14.7	14.9	15.0	12.6	13.2	15.3
41	" 14	19.1	16.0	17.3	14.3	16.3	14.7	14.8	15.0	12.6	13.1	15.3
42	" 21	19.1	16.4	17.0	14.4	16.3	14.4	14.7	14.8	12.6	13.1	15.2
43	" 28	18.9	16.5	16.6	14.3	16.2	14.5	14.7	14.8	12.7	13.0	15.2
Nov.												
44	" 4	18.7	16.5	17.0	14.1	16.2	14.5	14.7	14.8	12.8	13.2	15.2
45	" 11	18.6	16.6	16.9	14.1	16.2	14.5	14.7	15.0	12.9	13.2	15.2
46	" 18	18.5	16.1	16.8	14.2	16.1	14.5	14.6	14.8	13.0	13.2	15.1
47	" 25	18.3	16.5	16.0	14.0	16.2	14.5	14.6	14.8	13.1	13.2	15.1
Dec.												
48	" 2	18.4	16.6	16.9	14.9	16.3	14.7	14.5	14.7	13.1	13.0	15.3
49	" 9	18.4	16.7	17.1	14.1	16.2	14.8	14.4	14.6	13.2	13.1	15.2
50	" 16	18.5	16.7	17.0	13.9	16.2	14.9	14.4	14.8	13.1	13.1	15.2
51	" 23	18.4	16.6	17.1	13.9	16.2	14.8	14.4	14.8	13.2	13.2	15.2
52	" 30	18.4	16.6	17.1	13.9	16.3	15.0	14.5	14.8	13.2	13.1	15.2



## International Vital Statistics.

These are only available through Blue Books, and as these are not in popular demand, it is possible that there may be some interest in reproducing here for the sake of comparison the chief figures relating to the important countries.

NAME OF COUNTRY.	Quinquennial Period 1901—1905.			
	Birth Rate per 1,000.	Crude Death Rate per 1,000.	Mean rate of increase by excess of Births over Deaths per 1,000.	Deaths of Children under one year per 1,000 Births.
Hungary .. ..	37·2	26·2	11·0	212
Spain .. ..	35·0	25·8	9·2	173
Austria .. ..	35·6	24·2	11·4	215*
Italy .. ..	32·6	21·9	10·7	168
Japan .. ..	31·7	20·9	10·8	154
German Empire ..	34·2	19·9	14·3	
France .. ..	21·2	19·6	1·6	139
Prussia .. ..	34·8	19·6	15·2	190
Switzerland .. ..	28·1	17·7	10·4	134
Ireland .. ..	23·2	17·6	5·6	98
Belgium .. ..	27·7	17·0	10·7	148
Scotland .. ..	28·9	16·9	12·0	120
<b>England &amp; Wales</b>	<b>28·1</b>	<b>16·0</b>	<b>12·1</b>	<b>138</b>
The Netherlands ..	31·5	16·0	15·5	136
Sweden .. ..	26·1	15·5	10·6	91
Denmark .. ..	29·0	14·8	14·2	119
Norway .. ..	28·6	14·5	14·1	81

\* 4 years.

## Meteorology.

Meteorological observations are made daily at the City Hospital, and posted at St. Mary's Hall. Monthly records of them are forwarded to the Meteorological Office, and published by the Registrar-General in his Quarterly Returns of Vital Statistics, together with the records of 31 other recognised meteorological stations. These records are summarised by the Meteorological Office.

The relationship existing between the death rate and the temperature and humidity of the atmosphere, is graphically represented in the curves on the plate opposite page 16.

The summary of the meteorological observations taken during the year is given on page 30.

The highest temperature recorded in the shade was on June 3rd, when  $85^{\circ}$  F. was reached. Freezing point or below was recorded in the screen on 65 days during the year; these days were distributed throughout the months as follows:—

January	22	July	
February	8	August	
March	14	September	
April	8	October	1
May		November	3
June		December	9

The highest temperature recorded four feet below the surface of the ground was  $58.5^{\circ}$  F. from August 1st to 14th, and that one foot below the surface was  $65.5^{\circ}$  F. on July 3rd and 4th.

Rain fell on 190 days. The total rainfall at the City Hospital amounted to 23.1 inches, or 4.47 inches less than in 1907.

The greatest fall recorded in any 24 hours, from 9 a.m. to 9 a.m., was noted on August 31st, when the amount collected was 1.22 inches.

In addition to the ordinary rain gauge situated on the ground, there is an automatic rain gauge at this station; its funnel is situated 4 feet 11 inches above the ground; this collected 19.7 inches of rain.

The daily records of rainfall for the year are given on the next page.

## RAINFALL, 1908.

<i>Date.</i>	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.
1	..	..	'06	..	..	'33	..	..	'01	'01	..	..
2	..	..	'03	'02	'42	'03	..	..	'11	'01	..	..
3	..	'02	'02	'04	'22	..	..	..	'29	'005	..	..
4	..	..	'03	'19	'06	..	..	'005	'03	'005	..	'12
5	'21	..	'18	'18	'12	'02	..	'02	..	..	..	'07
6	'05	..	'17	'04	'28	..	..	..	..	..	..	..
7	'10	..	'05	..	'07	'02	'26	..	..	'01	..	..
8	'06	..	'04	..	'01	..	'38	..	'02	'17	..	'29
9	'01	'015	'06	'02	..	'02	'53	..	'09	'05	..	'25
10	..	..	'08	..	..	..	'04	'08	..	..	02	'08
11	..	..	..	'02	..	'22	'01	..	'15	..	'03	..
12	..	..	..	..	'005	'05	'05	'05	..	'01	'18	'06
13	..	..	..	..	..	'04	'22	'03	..	..	'07	'06
14	..	..	..	'005	'29	..	'09	..	..	..	'05	'02
15	'01	'07	'18	..	'22	..	'08	..	'23	..	..	'15
16	'005	'32	'03	..	..	'24	'50	..	'15	'01	..	'12
17	..	'10	'005	..	..	'52	'27	..	..	'01	..	'01
18	..	'02	'02	..	..	..	..	..	'14	'10	'29	'03
19	..	'01	'02	'01	..	..	..	..	..	'01	..	'07
20	..	'015	..	'01	..	..	..	'33	'09	'17	'03	'02
21	..	..	..	'02	'01	..	..	'07	..	'02	'15	'01
22	'01	'06	'06	'03	'05	..	..	'06	..	..	'07	'05
23	'01	'05	..	'33	..	..	..	'48	'01	'02	..	..
24	..	..	'59	'18	'10	..	..	'02	'01	'04	'11	..
25	'05	'03	'36	1'00	'10	..	..	'11	'08	'03	'01	..
26	'03	'05	..	'04	..	..	..	'48	..	'05	'015	'02
27	'02	'12	'28	'21	..	..	'005	'04	'03	'45	..	'08
28	'03	'02	..	'69	..	..	..	'05	..	'04	'16	'13
29	'04	'005	'13	'49	..	..	..	'02	..	..	..	'14
30	'02	..	'24	'13	'01	..	..	'09	'01	'01	..	'26
31	'03	..	..	..	'27	..	..	1'22	..	..	..	'01
Totals	'685	'905	2'635	3'655	2'235	1'490	2'435	3'155	1'450	1'230	1'185	2'050
No. of Rain Days.	15	14	20	19	15	10	11	16	16	19	13	22

Total Rainfall for Year 23'100 inches; No. of Rain Days 190.



## RAINFALL AT DIFFERENT LOCAL STATIONS.

1908.

			City Hospital.	Davenport Road.	Spencer Road.	Holyhead Road.	Pumping Station, Whitley.
January	..	..	·685	·73	·77	·65	
February	..	..	·905	1·00	1·04	·85	
March	..	..	2·635	2·56	2·66	2·35	2·43
April..	..	..	3·655	3·69	3·78	3·15	3·71
May ..	..	..	2·235	2·02	2·01	1·95	1·92
June ..	..	..	1·490	1·81	1·62	1·55	1·91
July ..	..	..	2·435	2·48	2·39	2·36	2·06
August	..	..	3·155	1·96	3·05	2·96	1·84
September	..	..	1·450	3·02	2·33	1·37	2·69
October	..	..	1·230	1·29	1·11	1·09	1·07
November	..	..	1·185	1·26	1·15	1·08	1·16
December	..	..	2·040	2·51	2·36	2·11	1·24
Total	..	..	23·100	24·33	24·27	21·47	

For the records of rainfall at Davenport Road, Spencer Road, Holyhead Road, and Whitley, I am indebted to the courtesy of Mr. Alderman Andrews, J.P., Major R. B. Caldicott, J.P., Mr. J. B. Morris, and the City Engineer respectively.



The monthly amounts of rain registered at the City Hospital are given below, together with the corresponding tables for the previous sixteen years.

	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908
January ..	1.26	.67	1.57	3.82	1.27	1.98	.79	3.45	3.44	.98	1.04	2.17	2.66	.72	3.53	.925	.685
February	.87	3.07	2.21	.16	.50	3.06	1.03	2.60	3.82	1.64	1.51	1.05	3.13	.80	2.405	1.070	.905
March ..	.80	.38	1.01	1.94	2.38	2.78	.84	1.21	.62	1.78	1.68	4.03	1.41	3.02	1.24	1.055	2.635
April ..	.80	.355	1.63	1.92	1.07	2.23	1.98	1.87	1.27	1.92	2.19	1.555	.90	1.475	.46	1.810	3.655
May ..	1.51	1.98	2.39	.575	.36	1.95	2.55	2.35	1.66	.88	2.24	3.21	1.55	.265	2.23	3.685	2.235
June ..	3.90	.99	1.71	.94	3.52	2.68	.72	1.61	3.15	2.64	2.47	2.65	.33	2.95	3.375	2.520	1.490
July ..	2.67	1.845	2.58	2.80	2.345	.36	1.045	1.11	1.62	2.46	1.48	2.69	2.56	.865	.955	2.775	2.435
August ..	2.58	1.76	2.32	2.225	2.12	3.78	3.54	1.285	3.00	1.725	3.47	3.97	1.73	4.625	1.005	2.890	3.155
September	2.35	1.17	2.26	.79	4.46	2.25	.63	1.73	.45	1.21	1.09	2.13	1.92	2.005	1.015	.780	1.450
October ..	2.62	3.085	2.99	2.99	2.51	1.74	2.58	2.16	2.77	1.30	2.29	6.38	.595	1.035	5.175	4.640	1.230
November	2.17	1.42	2.55	3.81	1.31	1.40	1.90	1.53	1.99	.69	1.595	1.57	1.31	2.74	2.925	2.065	1.185
December	1.41	2.165	2.43	2.02	3.36	2.58	2.26	1.80	5.09	4.19	1.48	1.34	1.88	.815	2.095	3.355	2.040
Totals ..	22.94	19.89	25.66	23.99	25.205	26.79	19.865	25.705	28.88	21.415	22.535	32.745	19.975	21.315	26.41	27.57	23.100

The average yearly rainfall at this station for the preceding sixteen years, 1892 to 1907, was 24.43 inches. The rainfall for 1908 was therefore 1.33 inches below the average for these years.

The average rainfall for the Midland Counties, as recorded by the Meteorological Office, was 24.6 in 1908.

The hours of bright sunshine recorded by the Jordan's Sunshine Recorder at the City Hospital are shown by the following figures :—

1895 ... 1,495 hours.	1902 ... 967 hours.
1896 ... 1,111 ,,	1903 ... 1,096 ,,
1897 ... 1,367 ,,	1904 ... 1,209 ,,
1898 ... 1,326 ,,	1905 ... 1,053 ,,
1899 ... 1,482 ,,	1906 ... 1,338 ,,
1900 ... 1,166 ,,	1907 ... 1,197 ,,
1901 ... 1,214 ,,	1908 ... 1,220 ,,

The Campbell-Stokes Sunshine Recorder recorded 1,406 hours of bright sunshine during 1908. As this latter recorder measures the heat rays of the sun, while the former measures the actinic rays, it probably gives more accurately the duration of what is usually regarded as "bright sunshine."

A Meteorological Station has now existed at the City Hospital for seventeen years. The records give data for calculating the "mean" monthly temperatures over this period of time. These are as follows :—

January ... 38.0°	July ... 61.7°
February ... 38.8°	August ... 60.3°
March ... 42.0°	September ... 56.3°
April ... 46.9°	October ... 48.8°
May ... 52.1°	November ... 43.6°
June ... 58.4°	December ... 39.3°



# Meteorological Observations made at the City Hospital, Coventry, 1908.

Lat. 52° 24' 34" Long. 1° 30' 20" Height of rim of rain gauge above mean Sea Level 271ft.

The cistern of the barometer is situated 309 feet above sea level.

1908	Baro- meter.	Air Temperature.						Hygrometer.				Earth Tempera- ture.		Bright Sunshine.		Cloud.  Mean of Observations at 9 a.m. (Scale 0-10).	Rain and other Forms of Precipitation.						Weather, No. of Days of						Wind Force (0-12.)		Wind Direction. No. of observations at 9 a.m.													
		Mean of A		Mean of B		Mean of A and B.	Difference from Average.	Absolute Minimum and Maximum.				Mean of Observa- tions at 9 a.m.					At 1 foot depth.	At 4 feet depth.	Total Possible.	Total Observed.	Number of Days.	Total Fall.	Difference from Average.	Most in a Day.		Snow.	Hail.	Thunderstorm.	Clear Sky.	Overcast.	Fog.	Gale.	Number of Observations of Moderate and Strong Winds.	Calm.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.		
								Minimum	Day of Month.	Maximum.	Day of Month.	Dry Bulb.	Depression of Wet Bulb.	Vapour Pressure.	Humidity.									ins.	0.21																		5	
JAN.	29.818	29.6	41.3	35.5	-2.3	15	5	56	27	34.1	0.7	.183	92	0	36.4	43.4	hrs.	41	5.6	16	0.69	-1.34	0.21	5	2	0	0	0	0	0	20	4	2	2	0	8	14	8	4					
FEB.	29.727	35.8	47.1	41.5	+2.1	28	2	53	21	40.7	1.8	.217	86	1.8	39.6	43.1	62	7.6	15	0.91	-0.85	0.32	16	2	1	0	4	18	0	0	6	14	0	0	0	0	18	14	12	4				
MAR.	29.499	34.0	45.7	39.9	-2.2	28	12, 20	56	8	38.3	1.9	.194	84	1.9	39.9	43.1	95	7.3	21	2.64	+1.07	0.59	24	7	1	0	6	19	3	0	0	20	4	2	2	4	2	10	6	12	4			
APR.	29.628	36.1	50.4	43.3	-3.7	27	24	63	30	42.4	2.9	.212	79	2.9	43.8	44.8	124	7.7	20	3.66	+1.95	1.00	25	9	2	0	3	18	0	0	12	14	8	10	8	4	0	2	8	6	6			
MAY	29.658	47.2	63.9	55.6	+3.2	38	11	76	31	55.5	3.9	.335	76	3.9	54.1	48.6	177	7.5	16	2.24	+0.26	0.42	2	0	0	0	2	19	0	0	8	16	0	6	4	2	6	20	6	2	2			
JUNE	29.760	49.0	68.6	58.8	0.0	38	15	85	3	58.5	4.5	.360	73	4.5	60.3	54.1	244	6.9	10	1.49	-0.66	0.52	17	0	0	1	3	14	0	0	4	10	4	8	8	2	10	6	4	8	4			
JULY	29.681	52.9	70.5	61.7	-0.3	46	8	84	3	62.2	5.3	.394	71	5.3	62.9	57.1	194	7.4	12	2.44	-0.11	0.53	9	0	0	3	2	17	0	0	6	4	2	2	6	2	8	12	18	4	8	12	18	
AUG.	29.668	50.5	67.9	59.2	-1.6	43	17	81	3	58.8	4.0	.378	76	4.0	60.5	58.1	178	7.0	17	3.16	+0.59	1.22	31	0	0	1	4	15	0	0	14	0	6	6	10	2	0	18	8	12	4	8	12	4
SEPT.	29.620	47.9	63.7	55.8	-0.4	37	13	77	30	55.0	2.5	.362	84	2.5	55.4	56.0	107	8.2	16	1.45	-0.92	0.29	3	0	0	1	1	20	0	1	18	2	2	2	0	18	24	6	4	4	4	4		
OCT.	29.807	46.1	59.9	53.0	+4.3	32	25	76	1	51.6	1.1	.353	93	1.1	54.1	55.4	101	5.0	21	1.23	-1.43	0.45	27	0	1	0	13	14	2	0	14	8	4	2	10	14	22	2	0	0	0	0	0	0
NOV.	29.717	40.7	51.2	46.0	+3.1	23	10	57	1, 11, 22	44.4	1.5	.259	89	1.5	46.4	51.3	54	6.9	13	1.18	-1.12	0.29	18	0	0	0	5	17	0	0	8	10	0	4	10	8	4	12	8	4	4	4	4	
DEC.	29.569	34.1	43.5	38.8	+0.5	13	30	51	21	37.8	0.7	.212	94	0.7	42.4	48.1	18	7.2	22	2.05	-0.04	0.29	8	4	0	0	7	19	4	0	12	10	0	2	6	6	18	16	2	2	2	2	2	
																	1395		199	23.14					24	5	6	60	20	3	14	1												



TABLE I.—(L.G.B.)—Deaths, &c.

YEAR.	Population estimated to middle of each year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.					TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
				Under 1 Year of Age.		At all Ages.							
		Number.	Rate.*	Number.	Rate per 1,000 Births registered	Number.	Rate.*	Number.				Rate.*	
		3	4	5	6	7	8	9	10	11	12	13	
1	2												
1898	61,555	1916	31.1	383	200	1068	16.9	139	14	9	1055	16.8	
1899	61,796	1886	30.5	312	164	1182	18.6	145	29	15	1168	18.4	
1900	70,075	2269	32.3	298	131	1223	17.4	169	11	15	1227	17.5	
1901	70,300	2053	29.2	309	150	1206	17.1	137	14	11	1203	17.1	
1902	73,000	2023	27.7	217	107	1002	13.7	130	3	8	1007	13.7	
1903	75,700	2165	28.6	248	114	1189	15.7	175	7	25	1207	15.9	
1904	77,500	2322	29.9	319	137	1132	14.6	132	6	21	1147	14.8	
1905	81,000	2153	26.5	224	104	1105	13.6	148	14	23	1114	13.7	
1906	83,900	2422	28.8	338	144	1242	14.8	185	17	22	1247	14.8	
1907	87,000	2571	29.5	264	102	1153	13.2	197	14	13	1152	13.2	
Averages for years 1898-1907.	74,182	2178	29.4	291	135	1150	15.5	155	12	16	1147	15.5	
1908	91,000	2630	28.9	245	93.1	1209	13.2	233	12	20	1217	13.3	

Institution within the District receiving sick and infirm persons from outside the District

Coventry and Warwickshire Hospital.

Institutions outside the District receiving sick and infirm persons from the District

Hatton Asylum.  
General Hospital,  
Queen's Hospital,  
and Children's Hospital,  
Birmingham.

Other Institutions, the deaths in which have been distributed among the several localities in the District

Workhouse.  
Ford's Hospital.  
Bond's Hospital.

\* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

NOTE.—The deaths included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The "Public Institutions" to be taken into account for the purposes of these tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses, and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made is given on the side of this table.

Area of District in acres (exclusive of area covered by water), 4,147 acres.

At Census of 1901.—Total population at all ages, 69,978; number of inhabited houses, 15,571; average number of persons per house, 4.5.

The Union Workhouse is within the City.



TABLE II.-(L.G.B.)

[illegible]

NOTES.—(a) The separate localities 1898-1903 adopted for this table are areas of which the populations are obtainable from the census returns. Block 1 is used for the whole district : and blocks 2, 3, &c., for the several localities.

(b) Deaths of residents occurring beyond the district are included in sub-columns *c* of this table, and those of non-residents registered in the district excluded. district; and blocks 2, 3, &c., for the several localities.

(See Note on Table I. as to the meaning of terms "resident" and "non-resident.")

(c) Deaths of residents occurring in public institutions are allotted to the respective localities, according to addresses of the deceased (when known).

(d) In 1904 the City was divided into 12 Wards, the populations of which are not yet obtainable from official census returns.



TABLE III.—(L.G.B.)  
Cases of Infectious Disease notified during the Year 1908.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.						TOTAL CASES NOTIFIED IN EACH LOCALITY.												No. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.										Total Cases removed to Hospital.						
	At Ages—Years.						At all Ages.	Radford Ward.	Foleshill Ward.	Harnall Ward.	Swanswell Ward.	Bablake Ward.	Cheylesmore Ward.	Hearsall Ward.	Grey Friars' Ward.	Hill Fields Ward.	All Saints' Ward.	St. Mary's Ward.	Stoke Ward.	Whole City.	Radford Ward.	Foleshill Ward.	Harnall Ward.	Swanswell Ward.	Bablake Ward.	Cheylesmore Ward.	Hearsall Ward.	Grey Friars' Ward.		Hill Fields Ward.	All Saints' Ward.	St. Mary's Ward.	Stoke Ward.		
	Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 & upwards.																													
Small-pox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Cholera ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Diphtheria (including Membranous croup) ..	108	2	35	50	9	2	108	6	12	20	16	5	5	1	6	15	8	7	7	108	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas ..	44	..	2	5	4	7	44	..	5	5	8	3	5	4	4	..	5	3	2	44	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet fever ..	238	3	66	154	10	..	238	22	12	36	16	31	11	16	25	12	17	12	28	238	20	11	35	15	31	11	14	24	12	16	12	27	228	..	
Typhus fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric fever ..	7	..	..	3	1	..	7	..	1	..	1	2	..	1	1	..	..	1	..	7	..	1	..	1*	1*	..	1	..	..	..	1	..	..	..	7
Relapsing fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued fever..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal fever ..	2	..	..	1	1	..	2	..	..	..	..	..	..	1	..	..	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	399	5	103	212	25	45	9	28	30	61	41	41	21	23	36	27	31	23	37	399	20	12	35	16	33	11	15	25	12	16	13	27	235	..	

NOTES.—The localities adopted for this table are the same as those in Tables II. and IV.  
Mark (H) indicates the locality in which the City Hospital is situated.  
Mark (w) indicates the locality in which the Workhouse is situated.  
The Pinley (Small Pox) Hospital is situated outside the boundary in St. Michael's Without.  
\* Admitted to the Coventry and Warwickshire Hospital.



TABLE IV.—(L.G.B.)

**Causes of, and Ages at, Death during Year 1908.**

CAUSES OF DEATH.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the district.							Deaths at all ages of "Residents" belonging to Localities, whether occurring in or beyond the District.												Total Deaths whether of "Residents" or "Non-Resi- dents" in Public Institutions in the District.
	All ages.	Under 1 year.	1 and under 5	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Radford Ward.	Foleshill Ward.	Harnall Ward.	Swanswell Ward.	Bablake Ward.	Ch'yl'smore Ward.	Hearsall Ward.	Grey Friars Ward.	Hill Fields Ward.	All Saints' Ward.	St. Mary's Ward.	Stoke Ward.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Small Pox .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles .. ..	3	..	2	1	..	..	..	..	..	..	..	..	..	1	2	..	..	..	..	..
Scarlet Fever ..	7	1	4	2	..	..	..	2	1	1	..	1	..	..	..	..	..	1	1	6
Whooping-cough ..	20	12	8	..	..	..	..	1	..	4	5	1	2	..	1	2	1	2	1	..
Diphtheria (including Membranous Croup)	8	1	4	2	..	..	1	..	1	3	..	..	..	..	1	1	1	..	1	3
Croup .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fever { Typhus ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric ..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
Other cont'd	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Epidemic Influenza	5	..	..	..	..	1	4	1	..	..	1	..	2	..	..	..	..	..	1	..
Cholera .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diarrhœa. (See notes at back) .. ..	43	31	12	..	..	..	..	2	4	8	5	5	2	3	2	2	3	5	2	..
Enteritis. (See notes at back) .. ..	8	4	2	1	..	1	..	2	1	1	..	..	1	1	1	..	..	..	1	..
Puerperal Fever (See notes at back) ..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..
Erysipelas .. ..	3	..	..	..	..	1	2	1	..	..	..	1	..	..	..	..	..	1	..	1
Other Septic Diseases	2	..	..	1	1	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..
Phthisis (Pulmonary Tuberculosis) ..	120	..	..	2	32	82	4	7	8	10	10	8	12	10	10	7	15	12	11	12
Other tuberculous diseases .. ..	39	5	17	8	3	6	..	1	3	2	5	3	8	..	2	4	4	4	3	11
Cancer, malignant disease. (See notes at back) .. ..	83	..	..	..	..	53	30	5	3	7	1	12	8	10	8	9	5	7	8	12
Bronchitis .. ..	78	24	13	..	..	13	28	7	6	9	11	7	10	3	2	5	4	9	4	4
Pneumonia .. ..	92	19	20	3	3	33	14	3	10	15	8	10	12	3	11	2	4	10	4	18
Pleurisy .. ..	1	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Other Diseases of Respiratory Organs	23	1	1	1	1	12	7	1	2	1	3	2	4	..	1	1	2	2	4	5
Alcoholism } Cirrhosis of liver }	25	..	..	..	..	23	2	2	2	3	..	3	4	3	..	1	3	4	..	3
Venereal Diseases	2	2	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	1
Premature Birth ..	66	66	..	..	..	..	..	3	9	2	11	4	11	4	3	5	7	2	5	..
Diseases and Acci- dents of Parturition	8	..	..	..	..	8	..	1	1	..	2	2	1	..	1	..	..	..	..	..
Heart Diseases ..	50	..	1	1	8	31	9	3	2	5	2	3	9	7	4	..	4	5	6	20
Accidents .. ..	31	4	6	5	1	9	6	3	2	3	5	2	2	1	2	2	6	2	1	12
Suicides .. ..	5	..	..	..	1	2	2	1	..	1	..	..	..	1	..	..	1	..	1	1
Cerebro Spinal Men- ingitis .. ..	1	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..
Not Certified ..	15	3	..	1	..	3	8	1	1	..	1	3	2	2	1	..	1	2	1	1
All Other Causes ..	477	72	17	14	10	149	215	34	44	37	43	37	54	37	28	43	29	45	47	121
All Causes .. ..	1217	245	107	43	60	430	332	83	101	112	113	105	145	86	81	84	91	113	103	233

## NOTES TO TABLES IV. AND V.

- (a) In Table IV., all deaths of "Residents" occurring in public institutions, whether within or without the district, are *included* with the other deaths in the columns for the several age groups (columns 2-8). They are also, in columns 9-15, *included* among the deaths in their respective "Localities" according to the previous addresses of the deceased as given by the Registrars. Deaths of "Non-residents" occurring in public institutions in the district are in like manner *excluded* from columns 2-8 and 9-15 of Table IV.
- (b) See notes on Table I. as to the meaning of "Residents" and "Non-residents," and as to the "Public Institutions" taken into account for the purposes of these Tables. The "Localities" in Table IV. are the same as those in Tables II. and III.
- (c) All deaths occurring in public institutions situated within the district, whether of "Residents" or of "Non-residents" are, in addition to being dealt with as in Note (a), entered in the last column of Table IV. The total number in this column equals the figures for the year in column 9, Table I.
- (d) The total deaths in the several "Localities" in columns 9-20 of Table IV. equal those for the year in the same localities in Table II., sub-columns c. The total deaths at all ages in column 9 of Table IV. equal the gross total of columns 9-20, and the figures for the year in column 12 of Table I.
- (e) Under the heading of "Diarrhœa" are included deaths registered as due to Epidemic Diarrhœa, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhœa, Dysentery and Dysenteric diarrhœa, Choleraic diarrhœa, Cholera, and Cholera Nostras.

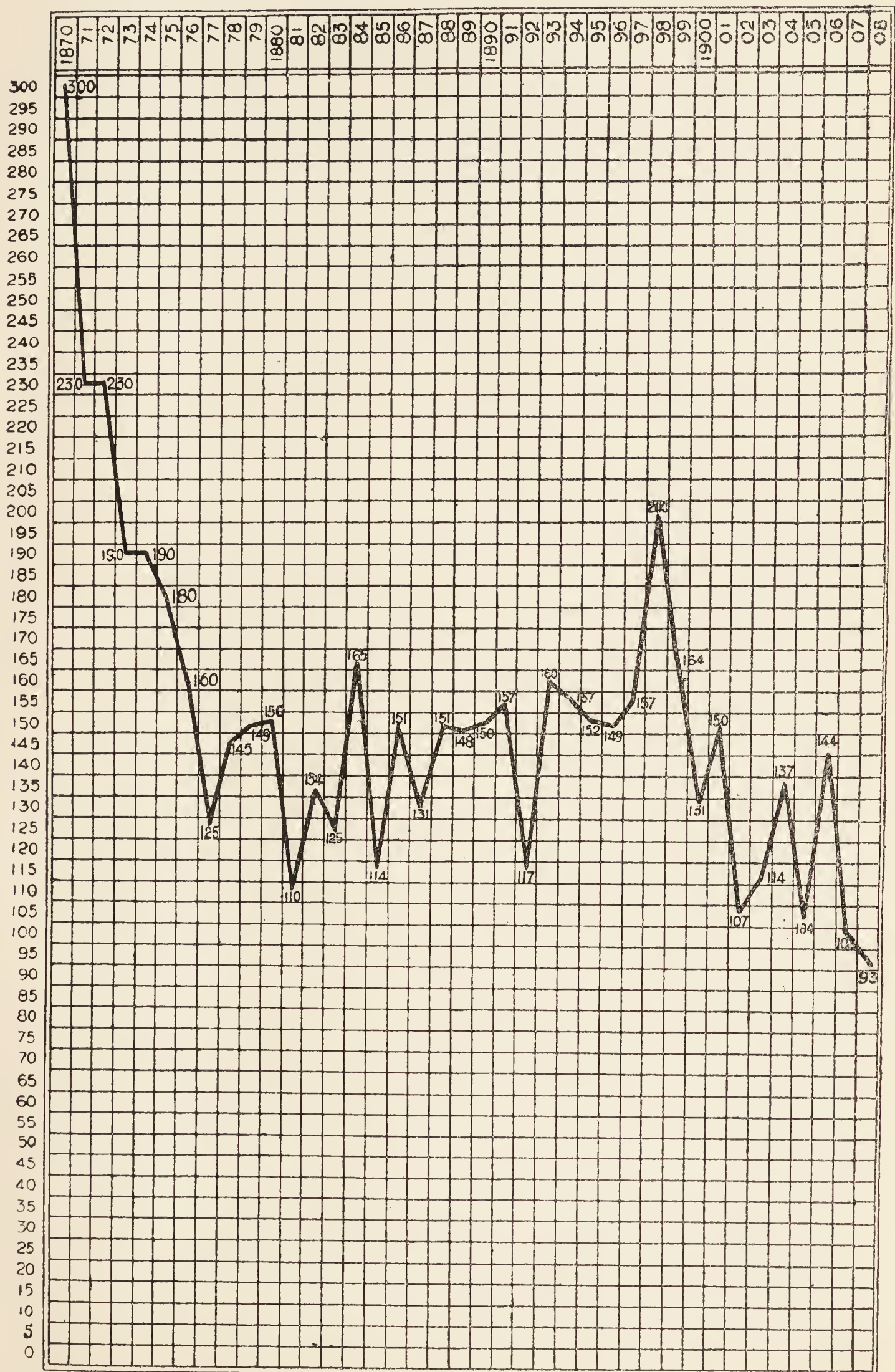
Deaths from diarrhœa secondary to some other well-defined disease are included under the latter.

Deaths from Enteritis, Muco-Enteritis, Gastro-Enteritis, and Gastritis (see under the heading Diarrhœal Diseases in Table V.) in Tables IV. and V. are placed immediately below, but separately from, those enumerated under the heading Diarrhœa as defined by enumeration above. This is particularly important for deaths under one year of age, as many of the deaths in infancy returned as due to Enteritis are really caused by Epidemic Diarrhœa. In the course of years, by the adoption of this recommendation, it will be practicable to ascertain the probable amount of transfer between these different headings.

- (f) Under the headings of "Cancer" and "Puerperal Fever" are included all registered deaths from causes comprised within these general terms. Thus: under "Cancer" are included deaths from Cancer, Carcinoma, Malignant disease, Scirrhus, Epithelioma, Sarcoma, Villous tumour, and Papilloma of bladder, Rodent ulcer. Under "Puerperal Fever" are to be included deaths from Pyæmia, Septicæmia, Sapræmia, Pelvic peritonitis, Peri- and Endo-Metritis occurring in the Puerperium.
- (g) Under "Congenital Defects" in Table V. are included deaths from Atelectasis, Icterus neonatorum, Navel hæmorrhage, Malformations and Congenital hydrocephalus.
- (h) Under "Tuberculosis Meningitis" are included deaths from Acute hydrocephalus.
- (i) Under "Other Tuberculous Diseases" are included deaths from Tuberculosis, Tuberculosis of bones, joints and other organs, Lupus and Scrofula.
- (j) All deaths certified by registered Medical Practitioners and all Inquest cases are classed as "Certified"; all other deaths are regarded as "Uncertified."



COVENTRY INFANTILE MORTALITY  
CHART SINCE 1870





be pleasant to be able to ascribe this reduction to some steps which had been locally taken against this particular rate; doubtless if such a small rate were met with in a town where a dépôt for the supply of sterilized milk existed, the reduction would at once be ascribed to it.

The local conditions have, however, to be studied more closely before legitimate conclusions can be drawn. It may be remembered that in 1906 I was of the opinion that the very heavy death rate among infants that year was due to the refuse tip, associated as that summer was with a very hot and dry season; the refuse tip remains as it was; the very hot and dry season was absent in 1908; had it been present I am compelled to think that our infantile mortality would have been different. It may, I think, be confidently anticipated that the regular visitation of houses where births occur by an able and tactful Health Visitor, during the past three years, must by now have exerted considerable influence in training mothers in the poorer districts in the proper feeding of their children.

On examination, however, of the table on page 38, setting forth the ages and causes of death among infants, it will be seen that approximately one-half of the deaths occurring under one year of age occur in the first six weeks of life; the law as to registration of births in this country only requires that births should be registered within 42 days; it may therefore be seven weeks before a Sanitary Authority learns of a birth; a considerable number of births are registered at the same time as their deaths; in this City the Notification of Births Act has not been adopted; it may be opined that it is a pity that such a beneficently intended measure should have contained features regarded as objectionable, which stood in the way of its universal adoption. I have before reported as to the unnecessary multiplication of official registrations by the requirement that parents should perform the double duty of notifying to the Health Authority the fact of the birth of a child within 36 hours of its occurrence, as well as the registration with the Registrar within 42 days; as this is the law in those districts where this Act is adopted, and not the law over the greater part of the country, it is not reasonable to expect a universal knowledge of or compliance with it. I am given to understand that in those districts where the Act is adopted, large numbers of prosecutions could be regularly instituted on account of non-compliance; such a course adopted

by any Sanitary Authority would inevitably bring it into considerable ill odium, and in the end lessen its influence for good. It is greatly to be deplored that the time allowed for the one registration was not simply lessened; no further "notification" would then have been necessary.

Reverting to the table on page 38, which is one of the most instructive tables I am asked to fill up, it will be seen that of the 95 children who died in the first four weeks of life, no less than 58 were ascribed to "premature birth," and of these no less than 43 occurred in the first week of life; it seems clear that no action of the Sanitary Authority can be calculated to have much influence in diminishing this cause of death at so early an age.

A comparison of this table with those of previous years shows a remarkable resemblance, on which I commented in my report for 1907. The figure that appears to vary more than any other is the number of deaths ascribed to Diarrhœa; it may therefore be concluded that this is the cause of death which above all others is most amenable to outside influences; this disease is dealt with later under a separate heading.

It will be noted from the table that the proportion of deaths among illegitimate infants is very much greater than among the legitimate. Among the latter the infantile death rate was 91 per 1,000 births, whilst among the former it amounted to 188 per 1,000 births.

Miss Strover, the Health Visitor of the Health Department, has prepared for me a statement of her work for the year, and I am inserting below that portion of it dealing with this subject.

"During the year 1908, there were 2,630 births registered. Out of this number I have visited 1,180, and many of these I have frequently re-visited, making 762 extra calls. The visits are generally well received, and it is not unusual to be told by a mother, 'You have not been to see my baby yet,' or 'Mrs. So-and-So would like you to call in to see her baby.' A mother with her first baby is usually anxious for advice upon the proper manner of feeding and general management of her infant, and is, unfortunately, frequently misguided by a grandmother or neighbours.

A very large percentage of infants are breast-fed during the first two months of life, but from one reason or another this is often denied them longer; and later, when I have been making enquiries as to the death of a baby, I have often found this has



been the case; some artificial food has been resorted to, and an improper feeding bottle used. The boat-shaped bottle is becoming more general, but the long-tube one is still the favourite with the mother who objects to the trouble of feeding her infant. The table on page 37 is compiled from the record cards kept, one for each baby visited, and shows the particulars obtained. The larger number of babies, it will be seen, are at the time when visited entirely breast-fed.

A considerable amount of opposition is met with when trying to advise mothers to let their infants sleep in a cot, or separate bed of some description. The reason generally given for having the infant to sleep with the mother is to keep it warm, or more easily to feed the child, but with persuasion this is often overcome. In 1908, I found 461 infants put to sleep away from their mothers, as against 295 the previous year.

Feeding at irregular times or with unsuitable food is responsible for a lot of the infantile illness. Some mothers still believe in giving 'bread-sop' or 'rusks,' particularly those who are themselves survivors of large families fed in infancy in this manner.

The leaflets, 'Hints on Feeding,' are distributed by the midwives when attending, or when I visit later, or are sent by post—the latter have numbered 1,178.

Enquiries were made into the deaths of 103 infants. Seventy-five of these were under twelve months old; eight were under six weeks old, and death took place before the birth was known to me. Visits were paid to all infants known to be suffering from diarrhœa, notified on the returns of 'pauper sickness,' or learnt of in any other way—to try and secure proper attention to the baby, and to prevent the infection spreading; and where the advice of a medical man was not being received, the mother was urged to obtain it.

Leaflets on 'The Prevention of Diarrhœa' were also left. Twenty-four infants were found to have died from diarrhœa, and nine of these I found to have been entirely breast-fed, 6 others hand and breast-fed, and 9 hand-fed entirely. In 8 cases a bottle with a long tube had been used. Cows' milk and water given in 13 cases, and a patent food in the other two.

In most cases of death I found the body was being kept till burial in a room used at the time by others of the family."



## BIRTHS VISITED DURING THE YEAR 1908.

Total number, 1,180.

	Totals.	Percentage.
Kind of feeding—		
(1) Entirely breast fed ... ..	886	75·0
(2) Hand and breast fed .. ...	118	10·0
(3) Entirely hand fed ... ..	145	12·2
(4) Unclassified (doubtful) ... ..	31	2·6
Kind of food—		
(1) Fresh cow's milk and water ...	167	63·8
(2) „ „ with barley or oatmeal water	38	14·4
(3) „ „ and Patent Foods	28	10·6
(4) Condensed Milk ... ..	15	5·7
(5) Biscuits, bread-sop, etc. ...	15	5·7
Kind of bottle—		
(1) Boat shape ... ..	94	35·7
(2) Tube ... ..	81	30·7
(3) Both ... ..	33	12·1
(4) Spoon ... ..	55	20·9
Class of house : rent—		
(1) Up to 5/- ... ..	740	62·7
(2) Above 5/- up to 8/- ... ..	355	30·0
(3) Above 8/- ... ..	54	4·5
Overcrowded Houses—		
More than two persons } per bedroom } No. of houses	758	
Not classified—		
Wrong address given, or removed. Death of baby before visit ...	31	

TABLE V.—(L.G.B.)—Infantile Mortality during the year 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

(See Notes at foot of Table IV.)

CAUSE OF DEATH.		Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
All Causes.	Certified ...	61	12	14	8	95	28	24	20	9	13	13	9	11	9	5	6	242
	Uncertified	2	...	...	...	2	...	...	...	...	...	...	1	...	...	...	...	3
Common Infectious Diseases.	Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
	Diphtheria (including Membranous Croup)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Diarrhoeal Diseases.	Whooping Cough	...	...	...	...	...	2	1	...	...	...	...	1	2	...	...	2	12
	Diarrhoea, all forms	...	...	...	...	...	6	8	4	1	2	2	1	3	2	1	1	31
	Enteritis (Muco-enteritis, Gastro-enteritis)	...	...	...	...	...	...	...	1	1	...	...	1	1	...	...	...	5
	Gastritis, Gastro-intestinal Catarrh	...	...	...	...	...	...	1	2	...	...	1	...	1	...	...	...	5
Wasting Diseases.	Premature Birth...	43	7	6	2	58	3	3	1	...	...	...	...	...	...	...	...	66
	Congenital Defects	5	...	2	3	10	3	1	...	...	...	...	...	...	...	...	...	15
	Injury at Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Want of Breast-milk, Starvation	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Diseases.	Atrophy, Debility, Marasmus	3	2	2	1	8	4	4	5	2	1	1	...	2	...	...	...	27
	Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	4
	Tuberculous Peritonitis: Tabes Mesenterica	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
	Other Tuberculous Diseases	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Other Causes.	Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Syphilis	...	...	...	1	1	...	...	...	...	...	...	...	1	...	...	...	2
	Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
	Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
	Convulsions	7	...	...	1	8	...	1	...	1	1	1	1	...	...	1	...	13
	Bronchitis	...	2	2	...	4	5	2	3	1	2	3	1	...	2	1	...	24
	Laryngitis	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
	Pneumonia	...	...	...	...	...	4	1	4	3	...	3	...	...	2	...	...	19
	Suffocation, overlying	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
	Other Causes	3	1	2	...	6	...	...	...	...	2	...	1	...	2	...	...	11
		61	12	14	8	95	28	24	20	9	13	13	9	11	9	5	6	242

Births in the year :—Legitimate, 2,577 ; Illegitimate, 53.

Deaths in the year of { Legitimate Infants, 235.  
                                  { Illegitimate Infants, 10.

Deaths from all Causes at all Ages, 1,217.  
Population, estimated to middle of 1908, 91,000.

### Zymotic Disease.

By the Zymotic Death Rate we understand the number of deaths per thousand of the population which are due to the seven common epidemic diseases. The numbers of these were as follows :—

		Notified.		Died.		Case Fatality per cent.
Small Pox	...	0	...	0	...	—
Scarlet Fever	...	238	...	7	...	2.9
Diphtheria	...	108	...	8	...	7.4
Typhoid Fever	...	7	...	1	...	14.2
Measles	...	—	...	3	...	—
Whooping Cough	...	—	...	20	...	—
Diarrhœa	...	—	...	47	...	—
				—		
				86		
				—		

This corresponds to a Zymotic death rate of .94. The average for the previous ten years has been 1.9. The proportion of this rate attributable to each of these seven diseases is shown below, together with a comparative statement of the similar figures for the rest of the country.

	Coventry	England and Wales.	76 Great Towns.	142 smaller Towns.	England and Wales less the 218 Towns.
Small Pox .. ..	·00	·00	·00	·00	·00
Scarlet Fever .. ..	·07	·08	·10	·06	·06
Diphtheria .. ..	·09	·15	·16	·15	·15
Typhoid Fever .. ..	·02	·07	·08	·08	·07
Measles .. ..	·03	·22	·31	·20	·13
Whooping Cough .. ..	·22	·27	·29	·25	·25
Diarrhœa .. ..	·51	·50	·65	·52	·33
	·94	1·29	1·59	1·26	0·99

That part of the above very interesting table relating to the rest of the country is taken from the quarterly report of the Registrar-General ; it shows how, in regard to these seven diseases, the mortality



in this City compares with the rest of the country. It will be seen that in each instance it compares favourably with the other figures with the single exception that the mortality from Diarrhoea in Coventry is greater materially than in rural England and Wales.

The accompanying table shows how the deaths from these diseases vary from year to year, and gives the deaths attributed to each during the past 39 years.

Deaths from the seven principal Zymotic diseases which have occurred in Coventry during the past 39 years:—

Year.	Small Pox.	Typhoid Fever.	Diphtheria	Scarlet Fever.	Measles.	Whooping Cough.	Diarrhoea.
1870	..	..	1	18	15	9	84
1871	166	..	5	5	18	35	59
1872	57	..	2	8	5	15	77
1873	..	..	9	15	18	28	45
1874	..	..	11	149	5	7	45
1875	..	4	7	16		16	61
1876	..	9	2	30	19	25	28
1877	..	2	2	19	3	3	24
1878	..	8	8	20	14	24	47
1879	..	2	2	7	18	18	24
1880	..	3	3	36	6	10	96
1881	1	5	11	58	2	8	24
1882	..	10	2	17	17	4	18
1883	..	7	..	2	3	5	35
1884	..	5	..	3	18	29	50
1885	..	2	1	10	..	2	20
1886	..	14	..	18	49	31	49
1887	..	7	2	14	..	9	40
1888	..	3	..	6	1	14	25
1889	..	2	1	13	50	8	38
1890	..	4	5	2	1	3	45
1891	..	7	1	..	36	15	29
1892	..	9	..	..	4	4	30
1893	..	9	1	..	..	7	44
1894	1	6	3	13	54	25	15
1895	..	5	3	19	3	20	61
1896	..	12	3	9	35	8	44
1897	..	3	4	6	16	6	80
1898	..	6	5	10	29	4	131
1899	..	18	5	3	13	39	63
1900	..	6	22*	17	50	2	75
1901	..	15	31*	18	3	32	83
1902	..	6	31*	10	..	9	28
1903	3	2	34*	5	57	15	34
1904	1	1	11*	10	..	48	49
1905	..	6	13*	1	60	1	31
1906	..	4	12*	5	1	38	138
1907	..	1	10*	4	20	4	34
1908	..	1	8*	7	3	20	47
	229	204	271	304	647	600	1950

\* The Deaths from Membranous Croup are here included.

## **Epidemic Diarrhœa.**

Thirty-nine deaths were attributed to Epidemic Enteritis, and 3 to Diarrhœa, making a total of 48; the comparison of this figure with those of previous years is given in the table on page 40.

Recent annual reports have dealt so fully with the causation of this disease that it does not appear necessary to go into that matter here. Suffice it to say that the meteorological conditions prevailing last year locally were very much more favourable to a low death-rate from this disease than was the case in 1906.

The distribution of the deaths in the four quarters of the City was as under:—18 in the North-east quarter, 14 in the South-west, 10 in the North-west, and 5 in the South-east.

## **Measles.**

Only three deaths were registered as due to Measles; 189 alleged cases were notified from the schools. The lightness of the mortality from this disease during the year may be compared with that of previous years in the table on page 40.

## **Scarlet Fever.**

Two hundred and thirty-eight cases of this disease were notified during the year, and seven deaths among these occurred.

Of the cases notified 225, or 94.5 per cent., were admitted to the City Hospital. The table on page 30 shows the distribution of the cases in the several wards, and the accompanying table sets forth for a number of years past particulars concerning the local statistics of the disease.

My Annual Report for 1907 contained the following: "I have previously pointed out that the isolation accommodation at the City Hospital is insufficient for the size of the City; and although no pressure on the accommodation has occurred for the past six years, yet it is highly probable that a more severe epidemic of this disease will occur at no distant date; so that if your Council desire to continue the isolation of this disease it will be necessary that the hospital accommodation shall be increased." That prediction has been realized during the writing of this report, and at the present time, the City Hospital being full, arrangements have been made for the admission of a certain number of patients to the new isolation hospital at Exhall belonging to the Foleshill Rural District Council; and a number of patients have had to be left at home for want of hospital accommodation.



In this connection it may be stated that the accommodation at the City Hospital has not been increased since 1894, when the population was estimated at 55,300; at that date an adjoining factory was hired for use as a ward block, and was continued in use until 1901, when on the completion of two new wards its use was given up.

### Comparison of Scarlet Fever Cases, Removals to Isolation Hospital and Deaths from Scarlet Fever.

Year.	Estimated Population	Total No. of cases notified.	No. of deaths regist'rd	Fatality per cent.	No. of cases treated in Hospital	Attack rate per 1000pop.	Per-centage removed to Hospital	Mort'lity per 1000 population.	Average Mort'lity per 10,000.
1870	37,300		18					·48	7·29
1871	37,670		5					·13	
1872	38,100		8					·20	
1873	38,450		15					·39	
1874	38,950		149					3·82	
1875	39,446		16		12			·40	
1876	39,890		30		22			·75	
1877	40,344		19		36			·47	
1878	40,778		20		34			·49	
1879	41,222		7		46			·16	
1880	41,666		36		90			·86	4·03
1881	42,111		58		156			1·37	
1882	42,750		17		47			·39	
1883	44,000		2		26			·04	
1884	44,500		3		30			·06	
1885	45,000		10		97			·22	
1886	45,500		18		84			·39	
1887	46,500		14		142			·32	
1888	47,500		6		162			·12	
1889	48,500		13		176			·26	
1890	49,500	67	2	3·0	58	1·35	86·5	·04	1·04
1891	52,724	42	0	·0	37	·79	88·0	·0	
1892	54,000	38	0	·0	27	·70	71·0	·0	
1893	54,700	33	0	·0	25	·60	75·7	·0	
1894	55,300	385	13	3·3	319	6·96	82·8	·23	
1895	56,000	439	19	4·3	408	7·66	92·9	·33	
1896	59,151	313	9	2·9	288	5·29	94·2	·15	
1897	61,234	221	6	2·7	216	3·60	97·7	·09	
1898	61,555	278	10	3·6	266	4·5	95·3	·16	
1899	61,796	188	3	1·6	183	3·0	97·3	·04	
1900	70,075	637	17	2·5	609	9·09	95·6	·24	1·10
1901	70,300	781	18	2·3	384	11·1	49·1	·25	
1902	73,000	245	10	4·0	211	3·3	86·1	·13	
1903	75,700	121	5	4·1	110	1·6	90·9	·06	
1904	77 500	222	10	4·5	197	3·0	88·7	·13	
1905	81,000	249	1	·4	225	3·0	90·3	·01	
1906	83,900	312	5	1·6	286	3·7	91·6	·06	
1907	87,000	247	4	1·6	229	2·8	92·5	·04	
1908	91,000	238	7	2·9	225	2·6	94·5	·07	



A case occurred during the year in which a mother, having been informed by a medical man that her boy had Scarlet Fever, removed him by train from Wakefield to this City. The case was considered by your Sanitary Committee, but no proceedings were taken.

A case arose in which a mother took her child, with a rash, which subsequently turned out to be Scarlet Fever, through the town to the City Hospital in a mail-cart; she was cautioned.

### Small Pox.

No cases of Small Pox were notified during the year.

One family who had been in contact with a case of Small Pox on board a boat returning from India, was kept under observation, but none of them developed the disease.

### Vaccination.

The following are the returns of the Vaccination Officer for the twenty years that have elapsed since the commencement of the anti-vaccination movement in Coventry :—

Year.	Births.	Deaths Unvaccinat'd	Vaccinated.	Unvaccinat'd	Percentage Vaccinated
1889	1512	187	1273	0	84.1
1890	1544	182	1221	111	79.0
1891	1727	228	587	888	34.0
1892	1718	174	118	1400	6.8
1893	1630	193	105	1304	6.4
1894	1590	170	103	1317	6.4
1895	1629	186	65	1378	3.9
1896	1679	251	594	834	35.3
1897	1928	220	151	1606	7.8
1898	1925	274	105	1545	5.4
1899	1888	203	1125	560	59.5
1900	2207	211	946	1050	42.8
1901	2112	247	1298	567	61.4
1902	2046	180	2076	666	101.4
1903	2169	167	2525	525	116.4 *
1904	2306	242	1901	532	82.4
1905	2152	181	1818	643	84.4
1906	2422	240	1748	1031	76.3
1907	2579	210	1880	1070	72.1
1908	2596	192	1524	1346	58.7

\* Small Pox prevalent in 1903.

The figures show a considerable falling off in the amount of vaccination done. The explanation will be found in the following table for which the Vaccination Officer has kindly furnished me with the number of statutory declarations he has received entitling parents to omit to have their children vaccinated.

	Applications made.	Certificates granted.
1898 (last half)	... 981	... 976
1899	... 70	... 70
1900	... 163	... 162
1901	... 163	... 159
1902	... 207	... 207
1903	... 231	... 231
1904	... 219	... 219
1905	... 230	... 230
1906	... 352	... 352
1907	... 406	... 406
	Declarations made of Conscientious Objections.	
1908	...	964

The Vaccination Act of 1907 came into force on January 1st, 1908; the object of the Act was to lessen the trouble and loss of time which previously stood in the way of parents with conscientious objections obtaining the exemption certificate; formerly it was necessary for the parent to attend at a police-court, having previously obtained a copy of the birth certificate of his child, and there testify to the existence of his conscientious objection; this meant not only loss of time, and inconvenience, but also the cost of the birth certificate; the new Act does away with this, and it is now only necessary for him to make a statutory declaration within four months of the birth of his child that he conscientiously believes that vaccination would be prejudicial to the health of his child, and within seven days to post the declaration to the Vaccination Officer of the district; the declaration may be made before a Commissioner for Oaths, or a Justice of the Peace, or other officer authorised to receive a statutory declaration. The effect of the new Act locally is seen in the above figures; the number of those who conscientiously object has been considerably more than doubled. Doubtless if the process were further facilitated by arranging for the Justice of the Peace to attend at the homes at times convenient to the parents, the number would be still further increased, and what is called "compulsory" vaccination entirely done away with.

As the responsible medical adviser of a large community I am not able to pass this matter over in silence. It is true that most parts of the country are better equipped in the matter of isolation hospitals

than was the case years ago ; the present system of intercommunication among Medical Officers of Health all over the country in regard to contacts is a further safeguard ; but everything is not being done that might be to prevent the occurrence of this most loathsome disease, and I greatly fear that the penalty will have to be paid some day ; I can do no more than hope that it will not be exacted in this City.

### **Typhoid Fever.**

Eleven notifications of this disease were received during the year ; nine of these patients were received into the City Hospital, where after observation it was clear that four of them were not cases of Typhoid Fever, being merely Enteritis ; of the five genuine cases four recovered ; the remaining two cases notified were admitted into the Coventry and Warwickshire Hospital, and recovered. Only seven cases of Typhoid Fever were known to have been met with in the City during the year.

Only one death from the illness occurred.

The comparison of these figures with those of previous years is given on the table on page 66. (In the tables the notifications received are numbered, no account being taken of subsequent corrections in the diagnosis).

The diminution in the number of cases of Typhoid Fever which has been met with during the past few years is a subject for considerable congratulation.

### **Diphtheria.**

During the year 108 cases of Diphtheria or Membranous Croup were notified, and 8 deaths were registered as due to it.

Since 1902 the prevalence of Diphtheria in this City gradually decreased until last year, when there was again a considerable increase. This periodical fluctuation in prevalence is characteristic of this disease. This increased prevalence is likely to continue for a time. The cases were distributed over the City, and occurred in each of the twelve wards.

In 84 of the 108 cases applications for serum were received. This shows that the serum is now used in a large majority of the cases. In 70 of the 84 cases the medical men returned certain particulars of the illness, and the result of the use of the serum.

In the 70 reports received the dose of the serum has varied ; in 15 cases 2,000 units were used ; in 48 cases 4,000 units ; in 3 cases



6,000 units; in 4 cases 8,000 units. It is probable that the smaller doses are of less benefit than the larger doses; and it appears quite certain that one good dose at once is of much greater use than smaller doses repeated.

The summary of the results is given below:—

Days of illness before use of Serum.	Cases.	Deaths.	Percentage of Deaths.
1	20	0	0
2	21	0	0
3	11	1	9.09
4	4	1	25
5	1	0	0
6	0	0	0
7	2	2	100
Not stated	11	0	0
	—	—	—
Total	70	4	5.7
	—	—	—

These figures are small, and they would not justify the formation of generalisations; they, however, bear out our experience in previous years and also more extended experience elsewhere; they point to the conclusion that where the serum is injected during the first day or two of the illness the mortality from this disease can be reduced. Among 70 cases where the serum was used, and of which we have received information from the medical men, four died, or there was a fatality of 5.7 per cent.; of the remaining 38 cases, of which we have no information, and in the majority of which probably no serum was used, there were also four deaths, or there was a fatality of 10.5 per cent.

It may be noted from the tables that although there was during the year a considerable increase in the number of cases reported, there were fewer deaths than in any one year since 1899; I think that there is no doubt that this diminution in the fatality of this disease has been brought about by an increased use of serum.

Five cases of Membranous Croup were admitted to the Coventry and Warwickshire Hospital on the supposition that tracheotomy would be necessary.

As your Sanitary Committee have instructed me to report to them on the question of the provision of hospital accommodation for Diphtheria, that matter need not be referred to here.

## Whooping Cough.

Twenty deaths were registered as due to this disease ; 235 alleged cases were notified from the schools. It may be noted from the tables that twelve of these deaths occurred below one year of age, and the remaining eight between one year and five.

## Erysipelas.

Forty-four cases of this disease were notified, and three deaths were registered as due to it.

## Puerperal Fever.

Two cases of Puerperal Fever were notified, and one death was ascribed to it. It will be seen from the table on page 66 that these figures are very much smaller than they have been in most years.

As there must certainly be an intimate relation between the administration of the Midwives' Act and this disease, this is probably the most convenient place in which to discuss the local administration of that Act.

### MIDWIVES ACT, 1902.

Twenty-seven midwives notified their intention to practise in this City during 1908. The following are their names, addresses, and qualifications for admission to the Roll of Midwives :—

Name.	Address.	Qualification.
Mrs. Jane Ball ...	17, Barras Lane ...	City of London Lying-in Hospital
„ A. E. Charlton ...	4, Union Street ..	„ „ „
„ Sarah Dowell ...	20, King Edward Road ...	License of Obstetrical Society
„ C. A. Holding ...	Hill Farm, Stoneleigh, near Coventry ...	City of London Lying-in Hospital
„ E. A. Heatley ...	611, Foleshill Road... ..	License of Obstetrical Society
„ M. J. Inkpen ..	589, Foleshill Road... ..	„ „ „
„ A. E. Musson ...	91, King Edward Road ...	„ „ „
„ J. R. Swift ...	92, Foleshill Road ...	„ „ „
„ A. M. Weston ...	152, Stoney Stanton Road	„ „ „
„ L. E. Hellier ...	207, Stoney Stanton Road ...	City of London Lying-in Hospital
„ E. F. Gabriel ...	111, King Edward Road ...	C. M. B. Examination
„ M. Settle ...	88, Clinton Terrace, Queen Victoria Road ...	Bonâ-fide

MIDWIVES—*continued.*

Name.	Address.	Qualification.
Mrs. Sarah Cramp ..	238, Lockhurst Lane ..	Bonâ-fide
„ E. Clarke ...	137, Station Street East ..	„ „
„ A. M. Clarke ...	“Fox House,” Cook Street	„ „
„ E. Evetts ..	41, White Friars' Street .	„ „
„ A. Foster ...	34, Princess Street ...	„ „
„ R. Green ...	17, Lower Wellington Street	„ „
„ E. Hall ...	20, Stanton Street ... ..	„ „
„ A. P. Haughton	78, Smith Street ... ..	„ „
„ S. Rollason ...	9, King Edward Road ...	„ „
„ A. M. Newbold...	Leicester Road, Longford near Coventry ... ..	„ „
„ J. Settle ... ..	88, Clinton Terrace, Queen Victoria Road ... ..	„ „
„ Ann Sephton ...	55, Eden Street ... ..	„ „
„ R. Timms ... ..	50, Castle Street ... ..	„ „
„ E. Warner ... ..	77, Raglan Street ... ..	„ „
„ E. White ... ..	19, S. Peter's Street ...	„ „

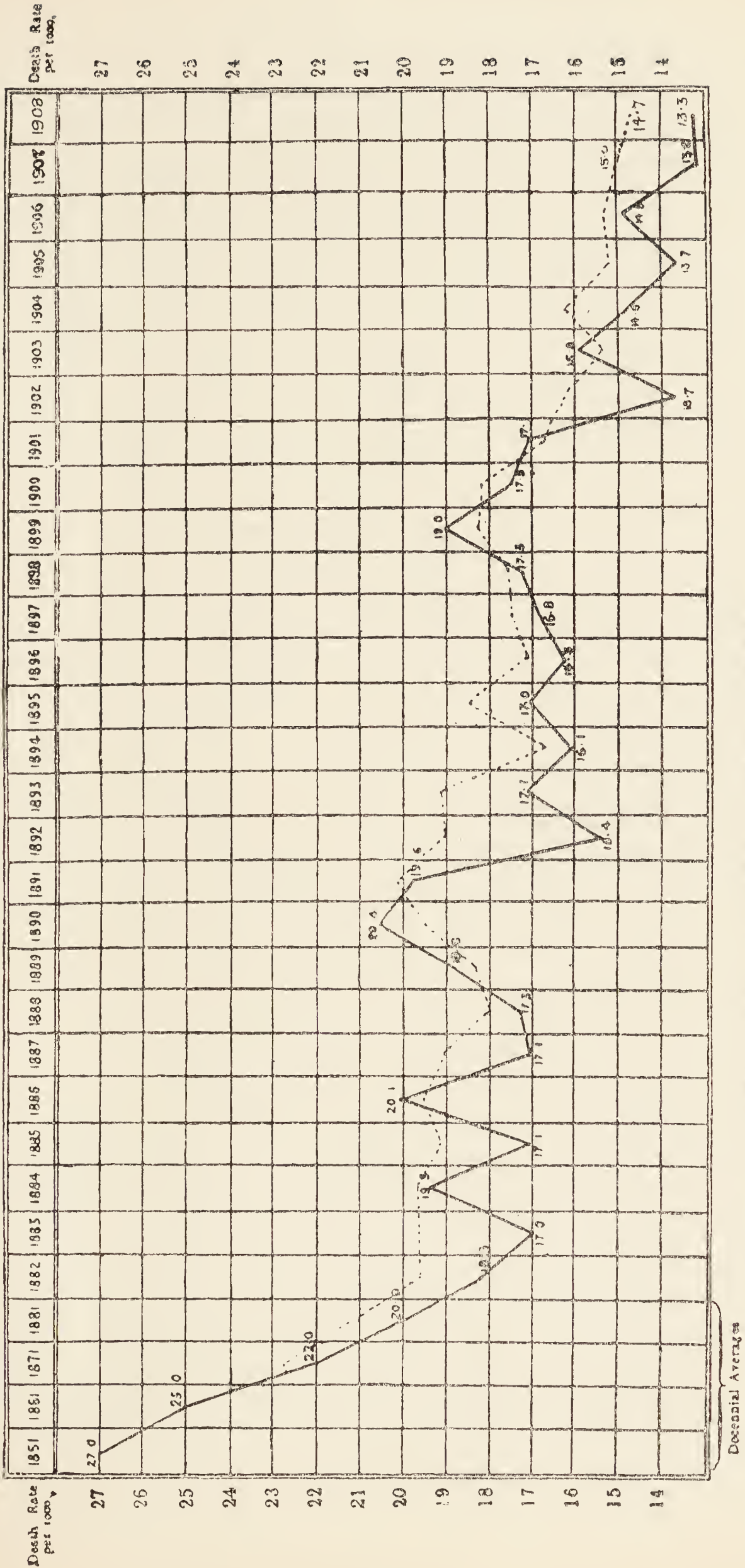
The actual visitation of midwives is performed by the Health Visitor, who during the year paid 89 visits to them, at which visits she made inspections of their bags, registers, clothing, and the general conditions of their homes. Most of them showed some improvement on the conditions previously found. As a rule they **welcome any** instructions given them. There were 44 cases of still-birth notified by midwives during the year.

The number of notifications now received from midwives concerning the cases in which they have to advise the calling in of medical assistance is increasing; this probably shows that they are understanding more of the requirements of the Rules, not only in regard to the calling in of medical assistance, but also in the matter of notifying these occasions; in all 209 such notifications have been received from 22 midwives.

Two midwives were cautioned by your Sanitary Committee for not notifying cases of still-birth occurring in their practices. Three midwives were cautioned for neglecting to advise the calling in of a medical man for cases of Inflammation of the Eyes. And one rather serious case of this was reported to the Central Midwives' Board, and the midwife was subsequently severely censured by that Board.



# CHART SHOWING DECLINE OF COVENTRY DEATH RATE SINCE 1851



A leaflet concerning the early symptoms of Cancer of the Womb, issued by the Midwives' Board, was distributed to all of the practising midwives.

Various other miscellaneous letters relating to more or less formal matters were sent to the Central Midwives' Board.

### **Tuberculosis.**

The table on page 51 shows that there were 120 deaths registered as due to Phthisis, and 41 to other forms of Tuberculosis during the year, or a total of 161 deaths from all forms of Tuberculosis. This is a larger total than in any previous year; it must be remembered that the population has been increasing, and to compare the year with previous years the "rates" alone must be considered; these are given in the same table; these show that although there is an increase for the year, the mortality from this disease is gradually, but surely, diminishing; in a town of this size this tendency is most clearly seen by grouping a number of years together as is done in the table.

Regarding the measures that are, or can be, locally taken to hasten the diminution in the mortality of this disease, I reported so fully in my report for 1907 that I do not propose to traverse the same ground again here.

It is sufficient to say that in the case of a disease such as this, which annually removes such a considerable number of workers, no step should remain unattempted which promises any help. This is especially the case in face of the fact that we know (1) that sufferers when, in the *early* stages of the malady, they are placed under the most hygienic conditions have a good chance of recovery, and (2) that—and this is the more important consideration—when people are educated up to a knowledge of the full value of fresh air, both by day and night, they are little likely to be affected.

This question is more than one of merely providing healthy houses; it is also one of teaching people how to keep those houses healthy; the relationship of the factory and workshop to it has also to be remembered; it is necessary that these should be kept in a cleanly condition, as free as possible from dust, and above all, well ventilated. Those who are personally acquainted with factories and workshops will recognise that in regard to many of them considerable room for improvement exists.

In this place I propose confining myself to aspects of the problem which have received consideration during the year.



## Deaths from Tuberculosis during the last 35 years.

Year.	Esti- mated Popu- lation.	Phthisis.	Phthisis. Death Rate.	Other forms of Tuber- culosis.	Totals.	Tuber- culosis. Death Rate.	Averages. Tuber- culosis. Death Rates.
1874*	39,000	38	1.94	12	50	2.56	2.53
1875	39,446	83	2.14	34	117	2.96	
1876	39,890	70	1.76	22	92	2.30	
1877	40,344	66	1.63	29	95	2.35	
1878	40,778	84	2.06	13	97	2.37	
1879	41,222	89	2.15	22	111	2.68	2.15
1880	41,666	78	1.87	36	114	2.74	
1881	42,111	65	1.54	28	93	2.20	
1882	42,750	62	1.47	22	84	1.96	
1883	44,000	74	1.78	15	89	2.02	
1884	44,500	82	1.84	18	100	2.24	1.93
1885	45,000	72	1.60	16	88	1.74	
1886	45,500	60	1.31	13	73	1.60	
1887	46,500	70	1.50	25	95	2.04	
1888	47,500	61	1.28	15	76	1.60	
1889	48,500	103	2.12	11	114	2.33	1.82
1890	49,500	91	1.84	21	112	2.26	
1891	52,724	78	1.47	14	92	1.74	
1892	54,000	79	1.46	33	112	2.07	
1893	54,700	70	1.28	30	100	1.82	
1894	55,300	73	1.32	32	105	1.88	1.72
1895	56,000	70	1.25	27	97	1.73	
1896	59,151	86	1.45	19	105	1.78	
1897	61,234	69	1.12	33	102	1.66	
1898	61,555	64	1.03	28	92	1.49	
1899	61,796	85	1.37	29	114	1.84	1.53
1900	70,075	105	1.49	36	141	2.01	
1901	70,300	83	1.18	35	118	1.67	
1902	73,000	81	1.10	39	120	1.64	
1903	75,700	87	1.15	43	130	1.71	
1904	77,500	78	1.00	30	108	1.39	1.72
1905	81,000	75	.92	29	104	1.28	
1906	83,900	88	1.04	40	128	1.51	
1907	87,000	108	1.24	42	150	1.72	
1908	91,000	120	1.31	41	161	1.76	

\* Latter half of year only.

The question of the provision of some accommodation for the open-air treatment of early cases of Consumption has been before your Sanitary Committee on many occasions; and in this connection I have collected a large amount of information concerning numerous Sanatoria in different parts of the country. The following is an extract of a report which I presented to your Sanitary Committee on May 23rd:—

“On February 4th last your Committee instructed me to report on the relative expense of maintaining a Sanatorium for Consumption and of leasing a number of beds in an existing Sanatorium.



“There are now a large number of Sanatoria throughout the country, and these may be divided into two classes. The first class are private proprietary institutions, which are carried on for profit, and take in only paying patients; the fee in these varies from 2 to 6 guineas per week, and is generally 4 or 5 guineas. The second class consists of charitable, or semi-charitable institutions, which are not run with the object of making a profit, but to meet the wants of poorer people. These are often carried on as local charities, with certain restrictions concerning the qualifications for admission; and sometimes admission is by subscribers' recommendations.

Some few of these are, however, willing to receive patients from anywhere on the receipt of a fee sufficient to cover maintenance expenses, generally  $1\frac{1}{2}$  to 2 guineas per week. In some of this type a definite number of beds are leased to local authorities, who then have the right to keep those beds occupied.

In order to arrive at an approximate estimate of the cost of a Sanatorium I have thought it best to take the actual maintenance figures of a Sanatorium with which I am personally acquainted. The average weekly cost of maintenance per bed (including extensions, etc.) in that Sanatorium is 25s. 6d.

The maintenance expenses of the Coventry City Hospital in 1907 amounted to 28s. per patient per week, with an average of 31 patients. Some of the difference in the two figures would be accounted for by the fact that the nursing staff in a Hospital for early consumptive cases should not be large and some of the work of the Institution might be expected to be done by the patients; also the average number of patients in 1907 was smaller in Coventry than in the Sanatorium.

If Coventry had a Consumption Sanatorium, with, say, 20 beds, it might probably be expected that the maintenance expenses per patient per week would be about 30s., which would amount to £1,560 per year.

If, on the other hand, beds in some existing Institution were leased, they could be obtained at £84 to £90 per annum, and for the above sum 17 or 18 beds could be acquired. In this case, however, the travelling expenses of the patients would have to be considered, and also the fact that this Authority would have no control over the management of the Institution, or the discharge of patients; and, further, the determination of the suitability of cases for admission would have to rest with the Sanatorium.”

Your Sanitary Committee considered various alternatives as to how best to provide Sanatorium accommodation, and instructed your City Engineer and myself to report as to what alterations would be necessary to effect to the Pinley Small-Pox Hospital in order to render it possible to utilize this as a Sanatorium. They also instructed me to obtain definite information from a number of existing Sanatoria as to whether they would be willing to lease a number of beds to this city and on what terms ; I communicated with twelve Sanatoria whose constitution rendered it likely that such beds might be available for Coventry patients, and in due course set before the Committee the replies received ; from these it appeared that it would be possible to make such arrangements with one or more of a number of them ; but there were none such that could be said to be in any sense readily accessible to Coventry ; in the end, your Committee requested a medical member, Dr. Soden, together with myself, to visit two selected ones.

On December 8th your City Engineer and I presented the following report on

#### THE POSSIBILITY OF THE CONVERSION OF THE PINLEY HOSPITAL INTO A SANATORIUM FOR CONSUMPTIVES.

“ On the instruction of your Committee, we are herewith presenting the following report on the possibility of the use of the Pinley Hospital as a Sanatorium for Consumptives. In framing this report we have made a careful study of the recently issued report of the Local Government Board on ‘ Sanatoria for Consumption and several other aspects of the Tuberculosis Question.’ This voluminous report is the most authoritative and up-to-date account of the Sanatorium question at present available. The report gives particulars of the Sanatoria at present existing in this country, and analyses a large amount of published results with the object of determining the extent of the advantages to be derived from this method of treatment, both the immediate results to the individual patient and also the after results, *i.e.*, whether the benefit derived from the treatment is permanent on the patient returning to his ordinary method of life. The report raises some amount of doubt as to whether Sanatoria will accomplish so much as has been hoped from them. To quote the words of the preface of the report, it says ‘ As to the value of Sanatorium treatment in pulmonary tuberculosis, Dr. Bulstrode does



not consider it possible, or indeed desirable, to draw definite conclusions on the evidence so far available. But there can be no doubt, he thinks, that the *immediate* result to the individual of Sanatorium treatment is in the main decidedly encouraging; commonly patients respond quickly and satisfactorily to the better food, the rest, the purer air, and the regulated living, which are essential elements of Sanatorium régime. He notes that the best immediate results are secured in the case of patients admitted to sanatorium treatment in the earlier stages of their malady, and that in the case of patients advanced in phthisis improvement of their condition, if it occurs, is commonly far less durable in its nature, notwithstanding a very remarkable temporary amendment not infrequently manifested in such persons.'

It is as to 'after-results'—*i.e.*, maintenance by the patient subsequent to discharge of his improved condition brought about by sojourn in a sanatorium—that Dr. Bulstrode is hesitant. The statistics available to him, do not, he points out, furnish, save in exceptional instances, data as complete and detailed as is requisite in this connection.

It further goes on to say 'Whatever may be the precise value of sojourn in a sanatorium, Dr. Bulstrode considers that there can be no question that the average of lasting benefit would be materially enhanced were a system of selection generally adopted for securing as inmates persons in the earliest phase of their malady; and to this end he would see devised better machinery for attracting as patients those persons who are but beginning to manifest pulmonary tuberculosis.'

This, indeed, appears to be the commonly accepted opinion. And in drawing up this report we have had it in mind that it would probably be the wish of your Committee to have a sanatorium for the very earliest cases of phthisis, concerning whom there might be a hope that they might be permanently cured, rather than a hospital for the more advanced and sometimes bedridden patients. It seems clear to us that no institution can usefully attempt to deal with both classes of patients.

We have derived considerable assistance from the prize essay on the erection of "The King Edward VII. Sanatorium," by Dr. Latham and Mr. West, in the features which have to be aimed at in the erection of a sanatorium, if this is to afford the best chance of recovery to the patients.



We have also visited the Salterley Grange Sanatorium near Cheltenham, recently opened by the Corporation of Birmingham; this is the only sanatorium so far provided in this country which is entirely owned and managed by a municipality.

On going into the question as to the possibility of converting the Pinley Hospital into a sanatorium where the best results could be obtained for early cases of Phthisis, we find that the problem is a very much more difficult one than might at first sight appear. A site for a sanatorium has to be carefully selected with certain objects in view, and the building most desirable is very different from the ordinary type of hospital built for acute cases of illness.

The desiderata, which are now generally accepted as necessary for a sanatorium for consumptives, are summarised in Dr. Latham's Essay as follows:—

‘It is agreed that the accommodation for all patients must be comfortable, a separate room being provided for each; that the sanatorium should be on an elevated and sloping site, with a sunny exposure, and well sheltered from the cold winds; that it should have a farm at a convenient distance, be surrounded by extensive grounds, well wooded, and affording ample space for exercises of various kinds; that the soil should be dry and permeable, and the water supply abundant; that it should be fitted with the latest sanitary arrangements and equipped with all requirements for scientific research.’

Further particulars are entered into in regard to the quietness of the situation, the choice of a site away from sources of dust, the construction of the building so that its walls and floors will not harbour dust, the separating of the sexes in two different buildings, the requirements of the institution so far as dining rooms, &c., are concerned, the provision of shelters and covered walks in the grounds, and the provision in the grounds of graduated walks for the exercise of the patients.

It will be seen how far short the Pinley Hospital falls from most of these requirements. By no simple alteration could the present building be arranged so that the patients could have separate bedrooms without doing away with the through-ventilation of the present building. Although the site is elevated, it is not sloping, and instead of being sheltered from the cold winds it is one of the most bleak situations near the city. The present building, instead of having a sunny exposure, is built with its windows facing nearly directly east and west, so that it would not be possible to add a

balcony or verandah to the present structure which would have a sunny exposure. There are no extensive grounds, and although it is easy to confine within the present limited space cases of acute illness that are well and discharged in a few weeks, it would not be feasible to confine convalescent consumptives within a space of less than two acres and surrounded by high galvanised iron fencing. The soil is not dry and permeable. The administrative block would have to be considerably enlarged. If the present main block were used to provide bedrooms, separate dining-room accommodation would be necessary, and if the present block were used as the day or dining-rooms, another building would be required to provide the bedrooms. Instead of being quiet and free from dust the present building immediately adjoins a main line of railway. The present building, instead of being constructed so that dust is not harboured, has plain brick walls with common deal floors; the walls should be perfectly smooth, and the floors preferably of block wood, so that cleanliness is assured and disinfection made easy.

The increasing proximity of the City to the hospital has to be borne in mind in connection with the fact that it would be impossible to confine the patients inside the grounds; it would be immensely difficult to administer such an institution, and the frequent visits of the patients to their homes could not possibly be prevented. The proximity of public-houses would certainly arise as a difficulty later among convalescents who found the monotony of sanatorium life tedious.

The difficulties have appeared to us to be so great that we have preferred to represent them to your Committee to obtain from your Committee guidance as to how best some of them can be overcome. And under the circumstances we have not thought it well at this juncture to enter into any consideration of plans or cost of alterations until we had represented to you the problems which we find confronting us.

It seems to us clear that we can suggest no reasonable alterations which would render the present building one where the results obtained by treatment would be commensurate with the expense involved by the alterations and the great expense which will necessarily be involved in the maintenance of the institution; for it has to be borne in mind that this latter yearly expense would be as great in what would, we are convinced, be an inefficient institution, as in one that was adapted to the purpose.



Your Committee would also have to consider that the use of the Pinley Hospital for consumptives could only be of a provisional nature; some permanent provision would still have to be made for the reception of any Small Pox cases that might arise; and if such cases did arise, the consumptives would certainly have to be at once discharged.

It seems to us also clear that since the loan for the extension of the City Hospital was not granted by the Local Government Board until after the Council had undertaken not to admit cases of Small Pox into that Hospital and until the necessary accommodation for them was provided at Pinley, the Council would be morally bound to submit any scheme for the alteration of the Pinley Hospital into a Sanatorium for Consumptives to the Board, and it appears to us that the consent to that alteration is so doubtful that it would be well, if your Committee still consider it, to approach the Local Government Board to ascertain the likelihood of that consent being given before anything further in the nature of a scheme is proceeded with."

On receiving this report your Sanitary Committee determined to abandon the idea of utilising the Pinley Hospital. On the same day Dr. Soden and I reported on the results of our visits to two selected Sanatoria; and your Committee then resolved to recommend your Council to lease six beds in the Winsley Sanatorium, near Bath, for a period of three years, at a cost of £100 per bed per year. This recommendation your Council has since adopted. Arrangements for using these beds have now been made, and they are at the disposal of your Sanitary Committee from the 25th of March.

In February of the current year I sent a copy of the following letter to each medical man practising in the City:—

PUBLIC HEALTH DEPARTMENT,  
10A, HAY LANE,  
COVENTRY.

*February, 1909.*

Dear Sir,

I have been instructed by the Sanitary Committee to inform you that the Council have entered into an Agreement with the Committee of the Winsley Sanatorium for Consumption, near Bath, by which six beds will be placed at their disposal for a period of three years. These beds will probably be available in the course of a few weeks.



The Institution is intended for early and possibly curable cases of Pulmonary and Laryngeal Phthisis. It is not intended that these maintained beds should be occupied by those who can themselves afford to go to a private sanatorium, and, on the other hand, the beds are not intended for paupers. (In the present state of the law the medical care of paupers is in the hands of the Poor Law Guardians).

No application for one of these beds will be considered unless accompanied by a certificate from the medical attendant setting forth fully the condition of the patient and the stage of the disease, and recommending the patient as one who is likely to derive permanent benefit from admission to the Institution. It will be seen, therefore, that the primary responsibility for admitting suitable cases will rest with the medical men of the City.

All experience in Sanatoria goes to show that disappointing results are obtained when great care and discrimination are not given to the proper selection of cases. In order that this present experiment may have successful results, it is therefore highly desirable that medical men should use the utmost care before recommending patients for admission.

The Rules of the Institution require a second medical certificate in each case; and the Sanitary Committee, in order to obtain some uniformity in the medical selection of cases, have appointed me as the Medical Referee, and I shall report to them concerning each case recommended.

It has been found that the possibility of a patient's obtaining suitable employment on his return from a Sanatorium has considerable influence on the chance of permanent recovery.

The final selection of cases for the benefit of the maintained beds will be based partly on the medical report received and partly on the financial position of applicants.

For your information and convenience, I am enclosing copies of the Rules adopted by the Council, forms of application for use by applicants, and forms of medical certificates.

In the event of your utilising them for any of your patients, they should be forwarded direct by you to me.

I am, yours faithfully,

E. H. SNELL,

Medical Officer of Health.

## CITY OF COVENTRY.

## WINSLEY SANATORIUM.

RULES FOR THE ADMISSION OF PATIENTS APPLYING FOR ADMISSION  
TO COVENTRY BEDS.

1. Only patients suffering from Pulmonary or Laryngeal Tuberculosis in the early stages, or where a reasonable prospect is afforded of marked alleviation or cure by treatment in the Sanatorium, will be admitted.

2. Patients will not be eligible for admission to the beds maintained by the Coventry Corporation in the Sanatorium unless they have been *bonâ-fide* residents in the City of Coventry for not less than six months.

3. Recipients of Poor Law Relief are not eligible as patients.

4. No patient will be admitted under 10 or over 60 years of age.

5. No patient will be admitted without a certificate from his or her Medical Attendant, and from the Medical Referee appointed by the Corporation, in the form set forth, together with an order from the Secretary.

6. Every patient shall give an undertaking to remain in the Sanatorium for a period of not less than eight weeks, but this period may be curtailed by the Committee of Management if it is deemed advisable, or may be extended for a further period under special circumstances.

7. Every patient shall give an undertaking to report himself or herself, when circumstances permit, to the Medical Officer of Health of the City of Coventry, at intervals of six months, for a period of two years after his or her return from the Sanatorium.

8. All patients must conform to the Rules and Regulations of the Sanatorium. Any patient who persists in violating the Rules, or is otherwise guilty of insubordination or gross misconduct, becomes liable to dismissal.

9. Travelling expenses shall be defrayed by the patient.

10. All patients must provide themselves with articles of clothing, in accordance with a list which will be supplied before admission, and all such articles are to be clearly marked with the patient's name.

11. Applications for admission to a Coventry bed must be made to the Medical Officer of Health, by letter addressed to him at the Public Health Offices, Hay Lane, Coventry.

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*BYE-LAWS AS TO PATIENTS IN THE SANATORIUM.*

1. Patients must attend strictly to the Resident Medical Officer's directions in all details respecting food, exercise, baths, general discipline, etc., on the pain of being dismissed.

2. Patients found spitting anywhere except into their pocket flasks or spittoons are liable to dismissal. Handkerchiefs must not be used for expectoration, and it is dangerous for patients to swallow the sputum. If bed-clothes, rugs, etc., get accidentally contaminated by expectoration, the Nurse must be at once informed thereof.

3. No alcoholic liquors allowed, except on the Medical Officer's orders.

4. No smoking allowed within the building. Patients may smoke outside, unless the Medical Officer forbids it in any particular case. No gambling is permitted.

5. No visitors allowed except by arrangement with the Medical Officer, who will give a card of admission for a certain time.

6. All complaints must be laid before the Resident Medical Officer.

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For some years a form of voluntary notification of this disease has been in force here; during the year 106 cases were notified by medical men or were included in the returns of pauper sickness; the Charity Organization Society kindly notified some cases. These were all visited by the Health Visitor, and advice given where necessary as to the precautions which should be taken to lessen the chance of the spread of the disease, and as to the importance of open windows. Printed instructions were also left.

I go through the death returns each week, and where it appears that disinfection after this illness would appear desirable, these houses are visited; disinfection of the bedding is carried out, advice is given as to the cleaning of the floors, and where necessary a certificate is presented to your Sanitary Committee under section 46 of the Public Health Act to the effect that the limewashing and cleansing of the house or part of it would tend to check the spread of infection, and an order is then made for this work to be done.



During the year 46 patients have died among those who have at one time or other been notified. Visits concerning disinfection have been made in the case of 110 deaths. Some of the particulars collected during these visits are given below:—

### DEATHS FROM PHTHISIS.

Housewives	...	30	Gardener	...	...	1
Machinists	...	24	Bricklayer	...	...	1
No occupation...	...	13	Watch Finisher	...	...	1
Watch Case Makers	...	2	Engine Fitter	...	...	1
Motor painters...	...	2	Clerks	...	...	4
Naval Pensioner	...	1	Lamp-lighter	...	...	1
Asst. Workhouse Master	...	1	Silk Weavers	...	...	2
Cycle Saddle Maker	...	1	Book-binder	...	...	1
Dressmakers	...	3	Watch Jeweller...	...	...	1
Brewer	...	1	Coal Dealers	...	...	2
Sand Blasters	...	3	Painter	...	...	1
Domestic Servant	...	1	Labourer	...	...	1
Shoe makers	...	2	Joiner	...	...	1
Coppersmith	...	1	Chemist's Assistant	...	...	1
Locksmith	...	1	Musical Instrument Dealer	...	...	1
Iron Polisher	...	1	Confectioner's Assistant	...	...	1
Motor Fitter	...	1				
Marine-stores Dealer...	...	1				
					Total	110

#### Duration of Illness—

Under 6 months	...	...	...	9
Between 6 months and 1 year	...	...	...	13
Between 1 and 2 years	...	...	...	42
Over 2 years	...	...	...	45
				109

#### Duration of Cough—

Under 6 months	...	...	...	22
Between 6 months and 1 year	...	...	...	27
Between 1 and 2 years	...	...	...	23
Over 2 years	...	...	...	37
				109

## Confined to bed—

One week or less	...	..	...	30
Between 1 and 2 weeks	...	...	...	16
„ 2 and 4	„	...	...	28
„ 1 and 2 months	...	...	...	20
Over 2 months	...	...	...	15
				—
				109
				—

In each of the above tables, particulars of one case could not be procured, the patient having come from Birmingham, only being in Coventry for a few days.

## Rent—

£20 or over	...	...	...	13
6/- to 8/6 per week	...	...	...	47
4/6 to 6/-	„	...	...	24
Under 4/6	„	...	...	26
				—
				110
				—

## Bed-rooms—

1 or 2 bed-rooms	...	...	...	50
3	„	...	...	46
4	„	...	...	8
5	„	...	...	3
6 or more bed-rooms	...	...	...	3
				—
				110
				—

Number of houses not through ventilated	...	22
---	-----	----

The above figures in regard to the rentals of houses and the number of bedrooms are given for the reason that they shew that it is the people who live in the lowest rented houses, and those which have the smallest accommodation who are the most prone to suffer from this disease.

## BACTERIOLOGICAL DIAGNOSIS OF INFECTIOUS DISEASE.

Considerably more advantage was taken last year of the facilities afforded by your Corporation to medical men to obtain bacteriological assistance in the diagnosis of infectious disease. The total number of specimens examined is given below :—

	Samples sent.	Result positive.	Result negative.
Typhoid Fever ...	30	9	11
Diphtheria ...	96	19	77
Phthisis ...	64	23	41
Total ...	170		

Of the above specimens 26 were sent from the City Hospital and 47 from the Coventry and Warwickshire Hospital, the largeness of this latter number being due to a limited outbreak of Diphtheria among the staff.

In addition, 15 samples of hairs from school children were sent when suspicions of Ringworm existed; of these, 7 gave positive results and 8 negative.

### Cerebro-Spinal Fever.

One death was registered as due to this disease; the complaint is not compulsorily notifiable in this City.

### Cancer.

Under this heading I include all forms of malignant disease; during the year 83 deaths were attributed to different forms of this disease; in the death returns these were designated as follows :—

Rodent Ulcer	...	...	...	1
Tumour	...	...	...	2
Cancer	...	...	...	10
Scirrhus	...	...	...	10
Carcinoma	...	...	...	36
Epithelioma	...	...	...	7
Sarcoma	...	...	...	4
Malignant Disease	...	...	...	4
Malignant Osteoma	...	...	...	1
Growth	...	...	...	1
Malignant Growth	...	...	...	6
Malignant Stricture	...	...	...	1



The frequency with which the different parts of the body were affected was as follows :—Tongue, 1 ; Lip, 1 ; Tonsil, 1 ; Mouth, 1 ; Palate, 1 ; Jaw, 1 ; Face, 1 ; Œsophagus, 2 ; Stomach, 11 ; Intestines, 4 ; Rectum, 8 ; Peritoneum, 1 ; Spleen, 1 ; Bladder, 1 ; Uterus and Appendages, 9 ; Liver, 7 ; Prostate, 1 ; Omentum, 1 ; Breast, 10 ; Thyroid, 1 ; Mediastinum, 1 ; Pylorus, 5 ; Pancreas, 1 ; Coecum, 2 ; Scrotum, 1 ; Testis, 1 ; Femur, 1 ; Pelvis, 1 ; Foot, 1 ; not stated, 5.

The variations that occur in the deaths from malignant disease are shown by the following figures :—

1900	...	48	1905	...	52
1901	...	67	1906	...	72
1902	...	42	1907	...	39
1903	...	70	1908	...	83
1904	...	63			

Much work has been done in the way of attempting to discover a cure for this disease other than that of surgical operation ; there is some foundation for hope that some of the more superficial forms of the complaint may be remediable by means of radium. So far, however, the knife holds the field as the best known remedy ; but as a large number of cases are unknown and undiagnosible until the disease is too far advanced for extirpation to be possible, it is only a very inadequate remedy.

### **Alcoholism.**

Two deaths were registered as due to Alcoholism, and 25 to Cirrhosis of the Liver ; alcohol is generally the cause of this disease. One child was overlain in bed ; the overlaying of children is generally due to drunkenness ; the Children's Act of 1907, which comes into force on April 1st of this year, renders the overlaying of children a punishable offence.

### **Other Causes of Death.**

I am appending to this report an extended schedule of the causes of, and ages at, death of those deaths properly belonging to the City which occurred during the year. This gives more detailed information in regard to the causation of death, and is divided into smaller age groups than the table on page 31. No less than 34 deaths were attributed to accident or negligence, including 3 from homicide ; also 5 were due to suicide. In one case the cause of death was so ill-defined that it was impossible to classify it.

### **Uncertified Deaths.**

These are deaths in which no medical certificate is forthcoming, and concerning which no inquest is held. It is open to a Registrar, when no medical certificate is presented concerning any death, to accept the information given by an informant, and to assign a probable cause of death on the information given; if he thinks that there is reason for so doing, or if for any reason he demurs from taking the responsibility of issuing a certificate for burial, he can refer the case to the Coroner. If the Coroner does not consider that an inquest is called for he issues authority for burial. Fifteen such cases of uncertified deaths occurred during the year.

### **Still-Births.**

Not yet is there any compulsory registration of still-births in this country. Also there are no legal requirements as to the disposal of the bodies of still-born children. The Superintendent of the Cemetery kindly furnishes me with a monthly return of those which are buried at the Coventry Cemeteries; from these it appears that 110 bodies of children stated in an informal certificate to be still-born were buried in these cemeteries; concerning 66 of these, certificates from medical men were forthcoming; 44 were certified as still-born by midwives.

### **Inquests.**

Fifty-six inquests appear to have been held during the year. These included four deaths in the Coventry and Warwickshire Hospital of non-residents. In 16 instances the death was attributed to disease. In the others the originating cause, as indicated by the verdicts, was as under:—Injuries, 21; alcohol, 2; burns and scalds, 7; cold, 1; over-laying, 1; murder, suicide, and drowning, 8.

**1908.**  
Comparison of Prevalence of Sickness and Death from Infectious Diseases.

Year.	Small Pox.		Erysipelas.		Diphtheria.		Membranous Group.		Scarlet Fever.		Enteric Fever.		Puerperal Fever.		Measles.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1890	0	0	56	3	5	5	10	1	67	2	30	4	2	2	...	1
1891	0	0	34	5	8	1	6	3	42	0	34	7	4	4	1341	36
1892	1	0	59	5	1	0	18	2	38	0	53	9	2	4	332	4
1893	30	0	145	7	6	1	4	1	30	0	40	9	9	7	39	0
1894	22	1	109	2	14	3	7	2	385	13	14	6	5	2	2353	54
1895	0	0	84	3	6	3	6	3	439	19	49	5	9	3	116	3
1896	3	0	74	2	16	3	1	3	313	9	59	12	12	9	1205	35
1897	0	0	72	4	14	4	11	6	221	6	25	3	2	1	...	16
1898	0	0	53	0	20	5	13	10	278	10	53	6	10	8	...	29
1899	0	0	60	2	38	5	15	11	188	3	126	18	7	3	...	13
1900	0	0	71	1	42	12	24	10	637	17	48	6	14	7	...	50
1901	2	0	92	3	122	26	17	5	781	18	141	15	22	10	...	3
1902	4	0	66	3	129	28	7	3	245	10	60	6	11	4	...	0
1903	71	3	43	1	113	27	14	7	121	5	15	2	5	0	...	57
1904	5	1	67	5	74	10	4	1	222	10	24	1	9	5	...	0
1905	1	0	95	5	56	8	11	5	249	1	21	6	4	4	...	60
1906	0	0	58	3	56	12	3	0	312	5	12	3	9	3	...	1
1907	0	0	59	2	38	8	5	2	247	4	4	1	5	...	...	20
1908	0	0	44	3	101	8	7	0	238	7	11	1	2	1	...	3



**Weekly Returns under the Infectious Disease  
(Notification) Act, 1889.**

WEEK ENDING.	Small Pox.	Scarlet Fever.	Diphtheria, including Membranous Croup.	Typhus Fever.	Typhoid Fever.	Continued Fever.	Relapsing Fever.	Puerperal Fever.	Cholera.	Erysipelas.
1908.										
January 4	..	2	1	..	..	..	..	..	..	..
" 11	..	1	2	..	..	..	..	..	..	1
" 18	..	5	2	..	1	..	..	..	..	..
" 25	..	..	1	..	..	..	..	..	..	1
February 1	..	1	1	..	..	..	..	1	..	..
" 8	..	..	1	..	..	..	..	..	..	..
" 15	..	6	3	..	..	..	..	..	..	..
" 22	..	1	2	..	..	..	..	..	..	2
" 29	..	2	3	..	..	..	..	..	..	2
March 7	..	6	2	..	..	..	..	..	..	..
" 14	..	4	1	..	..	..	..	..	..	..
" 21	..	3	1	..	..	..	..	..	..	1
" 28	..	3	1	..	..	..	..	..	..	3
April 4	..	1	1	..	..	..	..	..	..	..
" 11	..	2	1	..	..	..	..	..	..	..
" 18	..	..	..	..	..	..	..	..	..	1
" 25	..	3	1	..	..	..	..	..	..	1
May 2	..	6	2	..	..	..	..	..	..	1
" 9	..	4	..	..	..	..	..	..	..	1
" 16	..	2	1	..	..	..	..	..	..	1
" 23	..	5	1	..	..	..	..	..	..	..
" 30	..	5	2	..	..	..	..	..	..	3
June 6	..	..	2	..	1	..	..	..	..	..
" 13	..	2	3	..	..	..	..	..	..	2
" 20	..	3	..	..	..	..	..	..	..	..
" 27	..	1	2	..	..	..	..	..	..	3
July 4	..	1	7	..	..	..	..	..	..	3
" 11	..	4	1	..	..	..	..	..	..	1
" 18	..	1	2	..	..	..	..	..	..	3
" 25	..	..	1	..	..	..	..	..	..	1
August 1	..	5	..	..	..	..	..	..	..	..
" 8	..	2	2	..	1	..	..	..	..	2
" 15	..	14	2	..	..	..	..	..	..	..
" 22	..	10	..	..	..	..	..	..	..	..
" 29	..	4	4	..	..	..	..	..	..	..
September 5	..	5	1	..	..	..	..	..	..	..
" 12	..	4	3	..	..	..	..	..	..	..
" 19	..	13	2	..	..	..	..	..	..	2
" 26	..	13	4	..	..	..	..	..	..	..
October 3	..	5	3	..	1	..	..	..	..	..
" 10	..	4	..	..	1	..	..	..	..	..
" 17	..	7	2	..	..	..	..	..	..	..
" 24	..	10	2	..	..	..	..	..	..	..
" 31	..	6	2	..	..	..	..	..	..	2
November 7	..	4	2	..	1	..	..	..	..	..
" 14	..	5	6	..	..	..	..	..	..	1
" 21	..	11	3	..	1	..	..	..	..	5
" 28	..	4	4	..	..	..	..	..	..	1
December 5	..	4	6	..	..	..	..	..	..	..
" 12	..	12	5	..	..	..	..	..	..	..
" 19	..	8	3	..	..	..	..	1	..	..
" 26	..	6	..	..	..	..	..	..	..	..
" 31	..	8	4	..	..	..	..	..	..	..
TOTAL	..	238	108	..	7	..	..	2	..	44



PART II.

Schools & School Children.





## **Schools.**

In November, 1908, the Local Government Board issued a Memorandum on the Annual Reports of Medical Officers of Health. Among the various headings concerning which the Board desires to receive information in these Reports is the following :—

“ Schools, especially public elementary schools ; sanitary condition of, including water supply ; action taken in relation to the health of the scholars and for preventing the spread of infectious disease.”

The same Memorandum also says : “ Where the Medical Officer of Health is also the School Medical Officer under the Code of Regulations for Public Elementary Schools, 1908, it may be convenient that the annual report which he is required to make in the latter capacity should be issued together with his annual report on the health of his district.”

The Memorandum issued by the Board of Education in November, 1907, on the Education (Administrative Provisions) Act contained the following Regulations concerning the annual report which was to be compiled as a result of the work under the Act :—

“(d) Every School Medical Officer should make an annual report to the Local Education Authority on the schools and children under his superintendence, which should be printed for facility of reference and in order that a supply of copies may be available for distribution among the members of the Authority and other persons interested. The Authority should send two copies of the report to the Board of Education as soon as possible after the end of the year under review.

(e) In order to secure effective bases for comparison of the work done in different parts of the country, one uniform year must be taken, the year to be adopted being in all cases the calendar year, in order to correspond with the annual period fixed for the closely related report of the Medical Officer of Health.

(f) The report should be concerned chiefly with the conditions and circumstances affecting the health of the children in the Elementary Schools of the district.

(g) It should also contain statistical records of the number of children examined and of those re-examined or under medical supervision ; the nature and results of the examination ; the number of visits paid to classes ; the number and character of the diseased conditions found at certain age periods ; particulars as to blind, deaf,

defective and epileptic children; the medical advice given both as to the prevention of conditions inimical to health and the remedy of diseased conditions that may be discovered, action taken, and so forth.

(h) In addition to such records it will be well, as far as practicable, to make systematic comparisons of the individual and collective measurements and characteristics of the children in each school with standard and local records, both as a means of determining the condition of health of particular children or classes, for guidance in future action, and as part of the anthropometric survey to which this Act should contribute in due time. This part of the work, however, must be kept in a secondary position while so much remains to be done in the elementary essentials of school hygiene. It is to those essentials, and the manner and degree in which they have been dealt with in his district, that each school medical officer should devote the major portion of his report."

During the past three years I have annually presented a report to your Education Committee concerning the medical inspection of children in the Elementary Schools, and also concerning the sanitary condition of the schools.

The extent of the medical inspection voluntarily inaugurated by your Education Committee was necessarily of a restricted character. It was essentially confined to those children selected for examination either by the Head Teachers or by myself. The eyesight tests were however extended, by the aid of the assistance of the Head Teachers, to all children, except infants who did not know their letters. Reports were also made on the sanitary condition of schools and on a few other matters. The headings for a report on such work were consequently few and well-defined. The Board of Education, in a circular letter dated August 17th, 1908, has adverted to the Annual Reports which their previous Memorandum has stated that the Board will expect, and they there amplify the headings previously quoted from their Memorandum; and as these headings are very comprehensive I propose adopting them, so that every matter which should be dealt with shall come under notice.

In regard to these heads the Board states "As regards the scope of the Report, however, the Board consider that it is desirable that it should deal with the whole subject of School Hygiene, and should cover as much as possible of the ground indicated under the following



heads. It is recognised that these heads suggest a degree of comprehensiveness which in many, and indeed in most cases, will not immediately be attainable. The Board have, however, considered it desirable to treat the plan of the Annual Report in such detail as to furnish local Education Authorities with a standard, by reference to which they may regulate their arrangements for collecting and digesting the information which the work of the next few years will place at their disposal."

Preliminarily, I may state that on January 30th, 1908, I presented a report to the Elementary Education Sub-Committee of the Education Committee on the Education (Administrative Provisions) Act of 1907, and on the Memorandum of the Board of Education in relation thereto; that report was circulated among the members of your Council; it is therefore unnecessary for me to quote from that report here. That report set forth an account of the machinery which, in my judgment, would probably be most effectual in properly carrying out the provisions of the Act and the expressed wishes of the Board of Education. It was presented to your Council with the apparently unanimous concurrence of both the Education Committee and the Sanitary Committee. It was not, however, adopted by your Council; and certain apparently minor, but to my mind very vital, alterations were introduced; to these I will advert later. Owing to the differences of opinion which prevailed, and to the consequent references back to the Committee, considerable time was lost, and it was not until September 1st that a start was made to carry out the requirements of the Act. At that date your Council had been fortunate in securing the services of Miss Catherine Corbett, M.B., Manchester, as the Assistant Medical Officer to the Education Committee.

Proceeding on the lines indicated by the Board of Education, the first matter to be considered is

#### (a) THE SANITARY CONDITION OF THE SCHOOLS,

*Or in the words of the Board a "General review of the hygienic conditions prevalent in the schools in the area of the Local Education Authority in respect of such matters as surroundings, ventilation, lighting, warming, equipment, and sanitation, including observations on the type and condition of sanitary conveniences and lavatories, water supply for washing*

*and drinking purposes, the cleanliness of schoolrooms and cloak-rooms, arrangements for drying children's cloaks and boots, and the relation of the general arrangements of the school to the health of the children."*

I have already presented to your Elementary Education Sub-Committee reports concerning the sanitary condition of most of the schools under their supervision. During 1908 I presented detailed reports on the sanitary condition of the following schools :—All Saints, King Street School, and St. John's, and also on the Girls' Secondary School at Barr's Hill. In my last Annual Report I went into particulars concerning the matters which were of importance in the matter of the proper sanitation of schools. It would therefore appear unnecessary for me to repeat these matters here. The views of a stranger are always regarded as of more value than those of one who is not a stranger. Miss Corbett has drafted out for me a report concerning the work that she has done in the last four months of 1908, and I append below her report so far as it relates to this heading :—

“Under the Coventry Education Committee there are 25 schools containing 15,446 children. Of these, at least eight schools, containing 7,321 children, are modern buildings, erected on suitable sites, and with due regard to the health of the children. In these buildings adequate ventilation can be obtained with reasonable care on the part of the teachers. Lighting, warming, equipment, and sanitation are suitably provided for, and these buildings have all good playgrounds. Most of the remaining schools are older and are in a much less satisfactory condition. Many of them are old church schools, built with more regard to picturesque architecture than to the essentials of light, warmth, and sanitation.

In some cases the school is built in a totally unsuitable position, overlooking a noisy street, wedged in between other buildings, and with little or no playground. These schools have very insufficient arrangements for ventilation, and in some cases the condition is so bad that the class-room is in a very unhealthy condition when the class has been in it for only a quarter of an hour.

Frequently the means of ventilation provided are not made use of, and further attention to the subject could be given with advantage by the teaching staff, both with a view to making the school-rooms healthier and also to instructing the scholars in the requirements of ventilation.



Sufficient window space should be kept open to keep the air pure. When owing to draughts it is impossible to renew the air in this way, the school-room should be thoroughly flushed every quarter of an hour by opening all the doors and windows for one minute. On warm days in summer as many classes as possible should be held in the playground.

In many of the school buildings the lighting is also inadequate, and in some schools must be causing eye-strain to both scholars and teachers. Provision for warmth is also not always sufficient. In one school a class-room 50ft. 6in. by 20ft. 3in., with three external walls, and used for 127 children, is heated only by a single stove at one end.

*Equipment.*—In some schools fixed desks are still in use, but they are being gradually replaced by adjustable desks. The floors are frequently kept in an unclean condition.

*Cloak Rooms.*—In most of the schools there is no provision for drying the children's clothes in the cloak rooms. In many the clothes are crowded on to a wall, so that they do not get aired.

*Sanitation.*—The trough closet is the type of sanitary convenience used even in the new schools. This, as was pointed out in last year's report, is less cleanly than the ordinary water closet, and does not educate the children for the cleanly use of the latter in their homes. Defects in the drainage have been pointed out from time to time. During the past year detailed reports of the sanitary condition of certain schools have been submitted to your Committee by the Medical Officer. In these reports the defects of construction and equipment of each school have been pointed out.

The rapid increase in the population of Coventry has made it difficult to avoid overcrowding in the schools, and this has made the defects of the school buildings more serious. The pressure will be relieved in January, 1909, by the opening of a new school to accommodate 1,220 children, in addition to a school for mentally-defective children. Two other new schools are also under consideration."

The question of the provision of baths in a new school has recently been discussed in your Council; it was apparently regarded by some as an impracticable innovation; an innovation it would be, but it is not less worthy of serious consideration on that account; impracticable it certainly is not. In some sanitary matters we are a long way ahead of other civilized nations; in others we are woefully



behind them ; the average British working man cannot be held up as a paragon of cleanliness to other nations ; apparently in Japan the whole nation has been educated up to an appreciation of personal cleanliness ; this education is very necessary, and it should be commenced in the schools ; since compulsory education has been in force in this country many matters have been added to the curriculum which, by our forefathers, would not have been regarded as pertaining to education proper, such as physical exercises, manual training, domestic economy, and other subjects ; surely such an important matter as that of personal cleanliness ought not to be left to accident. In this matter Germany is a long way in advance of us ; all new schools are provided with baths, and many of the old ones. The system adopted is usually that of spray baths ; this means an economy in installation, and in maintenance. In Austria, Switzerland, Belgium, Norway, and Sweden, good progress has been made in the construction of baths in connection with schools, though not to the same extent as in Germany. At Basle, I understand that there are only two schools not provided with spray baths. In England this example has been followed by Bradford and Norwich.

It is true that facilities exist locally for the use of the public swimming baths for the school children ; but swimming baths should be resorted to for learning or practising swimming, and not for cleansing purposes.

I think that this matter is worthy of serious consideration.

#### (b) ARRANGEMENTS FOR MEDICAL INSPECTION.

*“ General description of the arrangements which have been made for the co-relation of the School Medical Service with the Public Health Service, and for the organisation and supervision of medical inspection, and an account of the methods of inspection adopted.”*

A limited scheme of inspection having been in operation in this City since 1905, and some experience having been gained, it was an easier problem to carry out the fuller requirements than would otherwise have been the case. It only became necessary to appoint the additional staff rendered imperative by the increased work.

(1) Your Council appointed me to supervise and organise the work in accordance with the advice given in the Memorandum of the Board that the work should be carried out in intimate conjunction with the existing machinery of the Health Department.

(2) An Assistant Medical Officer was appointed. I advised that the appointment would be rendered more valuable and would attract better candidates if it carried the title of Assistant Medical Officer of Health; the routine examination of school children without any variety of employment is not calculated to engage the genuine attention of a capable medical man or woman for a length of time, and the experience so gained is of no material value; further, there would have been a more obvious relation between the official's duties and the hygiene of the home.

(3) A Health Visitor (a trained nurse) was appointed; her duties have been defined as follows:—

1. The visitation of the homes of newly joining children, to obtain the previous life-history in regard to illness of children.
2. To carry out the minor parts of the medical inspection, such as the weighing and measuring, the examinations in regard to cleanliness of heads and clothes, and the visual testing with test types.
3. To be present, when required, at the medical inspection of scholars, to assist in preparing them for examination, and in the sorting of the cards of the children and the entering of the names and addresses. And also in making notes of any verbal communications that it may be advisable to make to the parents.
4. To follow up written communications to the parents, to ascertain whether suggestions are attended to, and to urge reasons why they should be followed.
5. To act under the direction of the Medical Officer and his Assistant and perform any other allied duties which may be required.

In my report of January 30th, 1908, I gave reasons for thinking that the work could not be done satisfactorily without two Health Visitors; I had included among the duties suggested visitation to houses where the "minor" infectious ailments occurred; and as this duty is certainly one which pertains to the Sanitary Committee, I subsequently suggested that the salary of one of the Health Visitors should be paid by that Committee. On your Council determining that the whole of the expense involved by medical inspection should be met by the Education Committee, only one Health Visitor was recom-



mended by that Committee. And I have since advised the Sanitary Committee that the work relating to infectious disease among school children cannot, for lack of time, be done by the one Health Visitor now employed by them; the consideration of this appointment has been adjourned, pending the provision of more office accommodation for the Health Department.

I lay considerable emphasis on the importance of intelligent visits to houses where the "minor" infectious ailments occur, such as Measles, Whooping Cough, etc., for various reasons; (1) it is often possible to advise medical attention where this appears necessary; (2) by insisting on the non-attendance of other children from the affected house it is possible to materially reduce the spread of infection to others, with all the concomitant advantages; (3) school attendance is less interfered with if this desirable result is attained; and (4) as a result of this the grant is less seriously interfered with, in fact it is highly probable that the services of a Health Visitor employed in this way would actually be a source of financial gain to the rates.

(4) A clerk was appointed to assist in the clerical work involved; Mr. Marsden, who had been doing this work as a part of the work of the Health Department since 1905, was appointed. That this appointment was necessary will probably be seen subsequently in the account of the letters, &c., which during the last four months of the year had to be sent out to parents and others.

(5) It is impossible for me not to refer to the office arrangements which your Council has seen fit to insist on in connection with this work; on account of your resolution that all the expenses in connection with this work should be borne by the Education Committee, that Committee provided an office in their premises in Priory Row; this neither tends to economy nor efficiency; and the amount of effective "supervision" which I am able to exercise over an office removed from my own is reduced to very small proportions. And as memoranda concerning children and their inspection cards are sometimes wanted in one office and sometimes in the other, quite an unnecessary amount of time and labour is wasted. So far as the Clerk is concerned, whom I sometimes require to see several times a day, the arrangement was obviously unworkable. I think it is highly desirable that your Council should, at an early date, reconsider this matter; a re-arrangement would be easily possible at the present time when the Sanitary Committee are taking the whole of the premises at 10A, Hay Lane, for the purposes of the Health Department.



In regard to the account of the methods of inspection adopted, I append below Miss Corbett's report on this matter:—

“The routine pursued is as follows:—A notice is sent to the head teacher stating that a visit will be paid to the school. The teacher is asked for a list of the names and addresses of the joining children to be inspected. The Health Visitor then visits the mothers at their homes, and notes the previous history of the child and any information the mother wishes to give. Any insanitary conditions of the home reported by the mother or observed at these visits are referred to the Health Department. The Inspector sees the child at school, and fills in a card, which is filed at the central office.

The examination follows the schedule of medical inspection of the Board of Education. The child is not stripped. The shoes are removed for weighing and measuring. For the examination of the chest the clothes are undone in front so that the heart and lungs can be sounded. In the case, however, of five-year-old children, in whom disease of the base of the lungs is more usual than apical disease, the clothes are drawn down over the shoulders behind.

The parent is notified of any condition which requires attention. It was decided provisionally not to invite the attendance of parents, partly because of the lack of space to accommodate waiting parents and the difficulty of arranging times for them, and partly because it was not desired that the children should be specially prepared for inspection. Many children found with insufficient clothing, dirty bodies and verminous heads, would not have been discovered if the mothers had all been asked to be present. In a few cases, however, the mother has expressed a wish to be present at the inspection, and then she has been encouraged to be there.

At some schools the teacher has been able to be present during the inspection. This is a great advantage, and the teaching staff has provided valuable information concerning the history, circumstances, and school record of the children.

Owing to the crowded condition of the schools, and the deficiencies of the school buildings, it has been found impossible at some of the older schools to clear a room to use for medical inspection. The newer schools have private rooms for the head teachers which have been used for the purpose. In one case a Head Teacher was obliged to use his private room as a class room owing to over-crowding. In cases where medical inspection has been impossible on the school premises, the children to be inspected have been

brought to the Education Office or to one of the newer schools. This arrangement, for certain schools, has been investigated by the Board of Education, and is under consideration."

A copy of the medical inspection card used in the medical examination is reproduced on pages 81 and 82.

On the question of the use of centres for the examination, and the scope of the examination necessary, I presented the following report, dated September 30th, to your Elementary Education Sub-Committee :—

### THE QUESTION OF CENTRES FOR MEDICAL INSPECTION.

"With your Committee's assent 13 'centres' (12 at certain selected schools and one at this office) have been appointed as the places where the medical inspection should be carried out. These have been selected from the 25 schools in that they were already provided with a private room, or its equivalent, where such examinations would be possible.

It has, however, been apparent that the obvious intention of the Board of Education in its Memorandum of November 22nd, 1907, was that this inspection should take place at the school attended by the particular children. This was not, in that Memorandum, specifically stated. It was merely stated [par. 13 (a)] that the inspection 'should be conducted in school hours and on school premises.' A more recent circular of the Board, dated August 13th, 1908, in reference to any contemplated school clinics states that 'such a clinic should not be used merely for the purpose of enabling the ordinary inspection of school children to be carried out elsewhere than at schools which they (the scholars) attend, nor, in ordinary circumstances, will the Board be prepared to approve, for the purposes of Article 44 (h) of the Code, attendance at a school clinic as an inspection centre.'

I feel it my duty to draw the attention of your Committee to these words of the Board in case any subsequent exception should be taken to the arrangements made by your Committee.

It would, at any rate, appear highly desirable that each of the schools under the management of your Committee should be provided with private rooms for the purpose of medical inspection at the earliest date possible so that your Committee's arrangements may coincide with the definitely expressed opinions of the Board.

Name

Date of Birth

GIRLS.

Address

SCHOOL.										Date of Leaving
Date of Entry or Transfer										
YEAR										
Actual Attendances										
Possible Attendances										
(5) Height										
(6) Weight										

Personal History before and after Admission.

	Measles.	Scarlet Fev.	Diphtheria	Whoop. Cgh	Mumps	Rheu'tism	Brain Fever	Chorea	Epilepsy	Chicken Pox	Hernia
Before											
After											

FAMILY HISTORY.

GENERAL OBSERVATIONS.

Directions to Parents or Teacher.

I.	II.	III.	IV.



I.	II.	III.	IV.	I.	II.	III.	IV.
1 Date				13—Ear ..			
2—Standard & Regularity of Attendance				14—Hearing ..			
3 Age ..				15—Speech ..			
4—Clothing and Footgear ..				16—Mental Condition ..			
7—Nutrition ..				17—Heart and Circulation			
8—Cleanliness.. <i>a</i> Head				18—Lungs ..			
.. <i>b</i> Body.				19—Nervous System ..			
9—Teeth.. ..				20—Tuberculosis			
10—Nose and Throat:—				21—Rickets ..			
<i>a</i> Tonsils				22—Deformities			
<i>b</i> Adenoids				23—Infectious or Contagious Disease ..			
<i>c</i> Submaxillary & Cervical Glands.				24—Other Diseases ..			
11—External Eye							
12—Vision— Right							
" Left.							
				Medical Officer's Initials			

And in the meantime there would probably be some reason for suggesting that the present scheme arranged by your Committee should be approved by the Board."

#### THE SCOPE OF THE EXAMINATION.

"It is necessary that attention should be drawn to an apparent alteration in the minimum requirements of the Board. In the Memorandum of November 22nd, 1907, clause 12 states that 'the Board have decided under Section 13 of the Act that *not less than* three inspections during the school life of the child will be necessary to secure the results desired.' And after stating the best ages when these should be made, it says 'a further inspection immediately before the departure of the child into working life would be desirable where practicable, and in some areas it may be best for this to take the place of the third inspection.'

The Memorandum therefore made this fourth examination optional, and it is not included in the necessary minimum which would be insisted on by the Board.

It is important that I should draw attention to this since it was on the minimum requirements of the Board, as expressed in its Memorandum, that I reported on January 30th last, and it was on those requirements that I based my suggestions as to the additional staff which it would be necessary to employ when the whole of the work contemplated was undertaken.

Although it has taken until September 1st for your local arrangements to be made for the carrying out of the inspection, I had hoped that it would have been possible to have caught up with the minimum work prescribed by the Board as from January 1st when the Act came into operation.

The Board have, however, recently issued a new Code (dated June 23rd, 1908), Section 58 (*b*), of which reads as follows:—"The Board must be satisfied that provision has been made for the medical inspection of all children admitted to the School since August 1st, 1908, and of all children who are expected to leave school before July 31st, 1909."

It will be seen therefore that the minimum number of inspections required by the Board has been modified, and that the final, or fourth examination before leaving school, which in the Memorandum appeared to be optional, seems now to be compulsory.

Under these circumstances I think it will only be possible to attempt during the remaining portion of the year the examination of those who join or leave after August 1st.

It will be noted, however, that a permanent compulsory addition of some 2,000 examinations per year is in this way added, and it will be necessary that this should be borne in mind in regard to the final extent of this work.

On the other hand a further modification in the Board's advice concerning the completeness of the examination required seems to have occurred which, if attended to, will tend to lessen the work required.

In the original Memorandum stress appeared to be laid on the complete examination of each child. In par. 9 it is stated that 'the fundamental principle of Section 13 of the new Act is the medical examination and supervision not only of children known, or suspected, to be weakly or ailing, but of all children in the elementary schools.' Whereas in the circular, dated January 23rd, 1908, some distinction seems to be drawn between the 'medical examination' and the 'medical inspection of children,' and it is stated (par. 5) that 'needless examination of healthy children should, for obvious reasons, be avoided.'

I do not desire to criticise the advice of the Board, but it will be clear that if attention is only given to the obvious defects of children, the work done in the future will approximate in character to that which for the past  $2\frac{1}{2}$  years I have been attempting to accomplish single-handed. One of the reasons for the passing of the Act of 1907 is the discovery of defects which are not obvious; and this can only be attained by systematic examination.

It is necessary that your Committee should be conversant with the difficulties in administration which arise from the published instructions and advice of the Board which on these points appear to be conflicting."

*(c) General statement of the extent and scope of the medical inspection carried out during the year, including—*

- (1) The number of visits paid to Schools and Departments;*
- (2) The principle on which children have been selected for inspection;*
- (3) The number of children inspected (classified for age at date of inspection and for sex);*



- Under this heading Miss Corbett reports as follows:—

(1) 154 visits have been paid to school departments by the Assistant Medical Officer.

- Children are not now admitted to the Coventry schools under the age of five years, consequently the inspection of all children of five years will include all newly-joining children.

It has not been found possible since September to inspect all the five-year-old children and thirteen-year-old children in all the schools. Two schools have been left out, and some others have been only partially done."

“(3) The number of children inspected was 2,436.

	Born	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895	1894	1893	Total
Boys	..	6	390	100	9	15	7	1	4	7	399	124	1	924
Girls	..	9	342	88	10	6	4	6	6	25	492	84	5	1068
														1992
Referred from previous inspection, or for special defects (all ages)														444
														2436

The Health Visitor has made 1,385 visits to homes to obtain the mothers' reports concerning children. In addition 28 visits have been paid to the homes by the Assistant Medical Inspector for the purpose of investigating the fitness of certain children to attend school, or to urge on parents the treatment of defects found at inspection. Six children were seen at the Education Office on Saturdays for the same purposes.

Nineteen reports of insanitary condition of houses were sent to the Public Health Department. Various visits were made to schools for the special purpose of sanitary investigation of the buildings.

One visit was made to a school to investigate an outbreak of Scarlet Fever.

(4) All of those children concerning whom letters have been sent to the parents pointing out defects will be regarded as referred for subsequent inspection; particulars of the numbers of these are given subsequently; and also those children whom it has been regarded as desirable in previous years to see from time to time; the latter amount to between four and five hundred.

(5) In regard to the defects found these are summarised in the following tables; the first table summarises the previous history as regards certain diseases of these children examined; the second, the defects found."

TABLE I.

PAST DISEASES FROM PERSONAL HISTORY BEFORE AND  
AFTER ADMISSION TO SCHOOL.

Number of Children, 1,992.

<i>Diseases.</i>					<i>Total No.</i>	<i>Per cent.</i>
Measles	...	...	...	...	1227	61·60
Scarlet Fever	...	...	...	...	187	9·30
Diphtheria	...	...	...	...	51	2·50
Whooping Cough	...	...	...	...	653	32·70
Mumps	...	...	...	...	232	11·10
Rheumatism	...	...	...	...	47	2·30
Chorea	...	...	...	...	14	·60
Epilepsy	...	...	...	...	4	·20
Chicken Pox	...	...	...	...	248	12·40

TABLE. II.

PRESENT DEFECTIVE CONDITIONS AND DISEASES FOUND  
ON EXAMINATION.

Number of Children, 1,992.

<i>Defects and Diseases.</i>				<i>Total No.</i>	<i>Per cent.</i>
Clothing neglected ...	...	...	...	109	5'40
Head slightly verminous ...	...	...	...	291	14'50
Head more verminous ...	...	...	...	240	12'50
Head scurfy ...	...	...	...	67	3'30
Herpes ...	...	...	...	1	'05
Ringworm ...	...	...	...	5	'25
Teeth slightly decayed ...	...	...	...	320	16'00
Teeth much decayed ...	...	...	...	896	44'90
Mouth breathing ...	...	...	...	46	2'30
Tonsils slightly enlarged ...	...	...	...	169	8'40
Tonsils much enlarged ...	...	...	...	85	4'20
Catarrh ...	...	...	...	106	5'30
Enlarged glands in neck ...	...	...	...	779	39'10
External eye diseases ...	...	...	...	52	2'60
Squint ...	...	...	...	17	'85
Defective eyesight ...	...	...	...	45	2'20
External ear diseases ...	...	...	...	18	'90
Defective hearing ...	...	...	...	80	4'01
Heart disease ...	...	...	...	5	'25
Lung diseases (non-tuberculous) ...	...	...	...	29	1'40
Tuberculosis ...	...	...	...	6	'30
Rickets ...	...	...	...	5	'25
Deformities ...	...	...	...	39	1'40
Infectious diseases ...	...	...	...	7	'35
Other defects ...	...	...	...	12	'60
Defective speech ...	...	...	...	18	'90
Defective nutrition ...	...	...	...	83	4'10
Debility ...	...	...	...	150	7'50
No defect found ...	...	...	...	303	15'20

In addition to the examination suggested by the Board of Education, I have continued, with the assistance of the Head Teachers, the examination of the sight of those children who, during the year, were admitted to the senior departments; this examination has been continued now for some years; 1,688 children were in this way examined, and of these no less than 362 or 21.3 per cent. were found to have either defective or very defective sight; the parents in all of these cases were communicated with and advised to seek advice. The summary of the figures in these cases is given on the following page:—



## SUMMARY.

**BOYS.**

	Normal.	Nearly Normal.	Defective	Very Defective	Not Classifi'd	Total
Totals ... ..	314	350	127	36	4	831
Percentages ... ..	37·7	42·1	15·2	4·3	·4	

**GIRLS.**

Totals ... ..	202	455	151	48	1	857
Percentages ... ..	23·5	53·2	17·6	5·6	·1	

**BOYS and GIRLS.**

Totals ... ..	516	805	278	84	5	1688
Percentages ... ..	31·1	47·6	16·4	4·9	·2	

As in previous years, a Nurse from the City Hospital has been loaned to the Education Committee when an opportunity arose to allow of this possibility ; this occurred for about four months in the early part of the year ; this Nurse, in that time, examined for cleanliness the heads of 4,464 children, mostly girls, and as a result of this examination 809 notices concerning verminous conditions found were sent to parents ; in slight cases of such conditions no notices were sent.

The summary of the notices sent to parents concerning defects found is as follows :—

Decayed teeth ... ..	661
Enlarged glands or throat disease ...	124
Eye defects ... ..	438
Ear diseases ... ..	35
Skin diseases ... ..	14
Chest complaints ... ..	2
Verminous heads or uncleanness ...	1,049
Clothing out of repair or insufficient ...	19
Various other defects ... ..	41
Total ... ..	2,383

This represents the number of typewritten or printed communications that were made to parents calling attention to defects concerning their children.

In addition this work involved 502 miscellaneous letters to teachers and others.

In regard to time occupied for each child, Miss Corbett says :—

“The average time per head occupied by inspection was eight minutes for the younger children, and for the older children just under six minutes. These figures are exclusive of necessary delays and interruptions.”

As a considerable number of children examined were not weighed, owing to the late delivery of weighing machines, the above average time is obviously less than would otherwise have been the case.

(d) “*General review of the facts disclosed by medical inspection, under the headings contained in the Schedule to Circular 582, including tables showing the height and weight of children inspected (according to age at date of inspection and sex).*”

Given below is Miss Corbett’s summary of the heights and weights of those few children whose heights and weights were taken :—

#### WEIGHTS.

##### *Infants. Age 5—6.*

			lbs.	kil.	No. seen.
Boys	...	...	38 $\frac{3}{4}$	17·6	186
Girls	...	...	37 $\frac{1}{4}$	16·9	168

##### *Senior. Age 13—14.*

			lbs.	kil.	No. seen.
Boys	...	...	77 $\frac{3}{8}$	35·3	329
Girls	...	...	80 $\frac{7}{8}$	36·7	224

#### HEIGHTS.

##### *Infants.*

			ins.	centimetres.	No. seen.
Boys	...	...	40 $\frac{7}{8}$	104	186
Girls	...	...	39 $\frac{7}{8}$	102	168

*Senior.*

			ins.	centimetres.	No. seen.
Boys	...	...	56 $\frac{7}{8}$	144·4	329
Girls	..	....	56 $\frac{7}{8}$	144·4	224

The numbers of children who were weighed and measured were small owing to the late delivery of weighing machines ; so small, indeed, that they may be regarded as valueless in regard to forming any general conclusions. In regard to the defects found Miss Corbett reports as follows :—

“ Another condition that requires attention is the state of the children’s teeth. The proportions with decayed teeth are as follows :—

Infants (Temp. Teeth).		Senior (Perm. Teeth).	
Boys.	Girls.	Boys.	Girls.
63%	64%	48%	51%

These figures rather understate than overstate the condition found, as some slight degrees of decay were not counted. In many cases a large number of teeth were involved ; children of five years old were found with as many as 14 decayed teeth. The decay appears usually to begin with temporary teeth, owing frequently to errors of diet and neglect of mouth-cleansing, and becomes worse owing to neglect of treatment. The crowns of the permanent teeth, except the wisdom teeth, are all in the jaw at the age of five, though they have not yet cut the gums, and they are thus infected by the decayed temporary teeth before they are cut.

There is no doubt that this condition of the teeth makes a continuous drain on the vitality of the children. The toxins from the decayed teeth pass down into the neck, causing the glands to become enlarged, and are absorbed into the system, causing anæmia and debility, and sometimes forming the origin of tubercular infection.

With regard to the verminous heads the proportions are :—

Infants.		Senior.	
Boys.	Girls.	Boys.	Girls.
11·4%	40·4%	1·27%	47%

Thus it is seen that nearly one-half of the girls of 13 years in Coventry schools have either pediculi or the ova of pediculi in their hair. Even the short-haired boys are not exempt. The worst of these



girls could become clean in a fortnight if she followed the directions given her. The universal prevalence of this condition must be a source of endless trouble and difficulty to the mothers of the many children examined whose heads were kept spotlessly clean, and who are forced to associate with the dirty children.

These figures would probably be modified if the mothers were invited to the inspection, without the condition being materially altered.

*Clothing.*—With regard to neglected clothing, only extreme conditions were noted. A very great divergence was found in the amount of warmth considered necessary by different mothers. On the same day, in the same school, one little boy would have over his chest a vest, shirt, waistcoat, two thick woollen jerseys and two thick coats; another would have nothing under a ragged coat but a more ragged cotton shirt.

Some of the children are undoubtedly overweighted with clothes, for these very heavy layers of clothing were found even on warm days. There is a tendency to pile clothing on to the body and leave exposed the arms and legs, which is likely to weaken delicate children with the weight of clothes without preserving them from colds. From the wrists and ankles, upwards, the limbs of young children should be warmly clad in winter, especially while they are sitting still.

The cases noted as neglected were all markedly and indisputably deficient in warmth. One little girl of four was seen on a cold day with sandals and no stockings on her feet. This may be perfectly suitable for a well-fed child running about on the sands, but this child's feet were blue with cold. Another little boy had nothing under a ragged coat but a muslin garment that did duty as a shirt. The mother was remonstrated with, and has now bought him a warm vest. This and similar cases would undoubtedly not have been discovered and remedied if the mothers had been warned of the inspection.

*Tonsils.*—One in eight of the children examined had enlarged tonsils. Some of these were so greatly enlarged as nearly to meet in the middle. Often the condition was quite unsuspected by parents and teachers, but in some cases the teachers had already suspected enlarged tonsils because nasal speech or deafness had been observed.

*External Eye Disease.*—Most of these cases were inflammation of the eyelids or conjunctiva (ophthalmia). There were also a few cases of old injury or congenital defects.

*External Ear Disease.*—These figures include cases of otitis media discharging externally.

*Lung Disease.*—In two cases there were signs suggestive of possible incipient consumption, but no cases were found of definitely established tuberculous disease of the lungs. The other cases of lung disease were slight bronchial affections apparently following a heavy cold, and two cases of chronic asthma.

*Tubercle.*—These six cases were one of hip disease and five of tubercular glands. With regard to glands, no doubt many more of the 779 cases under the heading ‘enlarged glands’ are already tubercular, but they have not been placed under the heading ‘tubercle’ unless there was definite proof that tubercular abscess or caseation was established.

*Deformities.*—These included some badly-formed chests, some rickety limbs, some high or cleft palates, and a few cases of deformities of the skull bones. They were much more numerous among the infants than the seniors, indicating that there is a tendency for deformed children not to survive.

*Infectious Disease.*—The only unsuspected infectious diseases found on routine examination were ringworm and scabies.”

(e) “*General review of the relation of home circumstances and social and industrial conditions to the health and physical condition of the children inspected, so far as facts bearing on this point have come under notice.*”

The following are Miss Corbett’s observations :—

“There is no doubt that the children from the poorer homes are in a worse condition than the better-class children, also that among the former, treatment of defects is more difficult to obtain. In the schools containing a larger proportion of poorer children defects are more prevalent ; there is, for instance, a somewhat larger proportion of decayed teeth. Ragged and dirty and insufficient clothes are of course found much more among poorer children, though a few of the worst cases were from homes where the will, rather than the means, appeared to be lacking. The more extreme forms of dirty head are also found in much larger numbers in the poorer districts. The slighter conditions of dirty head seem to be equally prevalent in poorer and better schools.”



(f) "*Review of the methods employed or available for the treatment of defects, such as defective eyesight, carious teeth, nasal obstruction or adenoids, tonsillitis, discharging ears, pediculosis, ringworm, and other skin diseases, including an account of the action of school nurses in obtaining or assisting in the treatment of such defects.*"

No treatment of defects has been undertaken. Directions as to treatment have not been given to parents except in the case of verminous heads; in all other cases notices or letters have been sent mentioning the defect, and urging that medical advice should be sought. In some cases of special urgency a visit has been made to the home by the Assistant Medical Officer or the Health Visitor to explain to the parents the necessity of undertaking immediate treatment.

In regard to the agencies available for the treatment of defects, these probably correspond with those which may be found in any similar town; there is the usual complement of private medical and dental practitioners; to meet the needs of those poorer people who are unable to afford the expenses of ordinary medical fees, the services of a considerable number of medical men are available through medical clubs, the benefits of which may be obtained by small weekly payments; for the extremely poor the Guardians make provision by employing four District Medical Officers and a Poor Law Infirmary; for those who are not sufficiently destitute to obtain the help of the Poor Law, and on the other hand are not sufficiently well-to-do to join clubs, there is available a general hospital in the form of the Coventry and Warwickshire Hospital; it might be thought that that class should not be a large one.

In spite, however, of all these agencies, there are certain defects, for the treatment of which adequate provision appears to be lacking. Foremost among these is *defective vision*. In my Report for 1907 I gave the results of enquiries I had made concerning 1,420 children whose parents I had made acquainted with the fact that their children had defective sight; of these I could obtain no information in 263 instances; in 253 cases spectacles had been provided, and in *at least* 904 others nothing had been done. Doubtless this neglect must be attributed largely to parental neglect; nevertheless it has to be admitted that the local means by which so large a number of children may obtain the necessary advice are deficient. Few medical men undertake systematically the prescribing of spectacles;



and in the case of most, the occasions on which they are asked to do so are so few, that they prefer not to undertake such work at all; the fees of specialists (although these are commonly reduced in the case of poorer people) would deter many from seeking private medical advice; and the large bulk of the children from the schools for whom medical advice has been sought in connection with eyesight defects have found their way to the Eye Department of the local Hospital; a considerable number have been taken to Eye Departments in Birmingham Hospitals, regardless of the fact that the two (at least) visits to that City would entail an expenditure in railway fares for parent and child which would secure the services of a competent oculist in this City. It is not quite clear why people who can afford such unnecessary railway fares in connection with simple ailments should be regarded as appropriate objects for the assistance of charitable institutions.

I have said that the majority of those who have been attended to have been advised at the Eye Department of the Coventry and Warwickshire Hospital; so much was this the case that a letter was received from that Institution representing how that Department was being taxed by the attendance of school children requiring prescriptions for spectacles. No steps, however, were taken to remedy this condition of affairs, or to increase the facilities existing for the treatment of eye defects. This class of defects is so special, and the demand among school children for attention in this respect is so great, that in my opinion the consideration of steps for altering the present position of affairs would be reasonable.

Another defect for which no adequate provision exists is that of *defective teeth*. For most people the only attention that teeth are regarded as requiring is to have them extracted when the inconvenience arising from them is great, *i.e.*, when they are so decayed that they can be no longer retained; by proper attention, however, to their decay in its early stages their life and utility can be indefinitely prolonged; the process is, however, an expensive one, quite beyond the means of a number of the working classes; this is especially the case when no steps have been taken until several teeth are decayed. Dental clubs do not exist—at any rate locally—for the obtaining of dental services at a small charge per week; the only alternative to private practitioners is attendance at the Dental Department of the Hospital; but I am given to understand that the extractions necessary there are so numerous, that anything in

the way of the conservative treatment of teeth would be quite impossible; from the examinations made by Miss Corbett in the last four months of last year she has estimated that there are probably 9,000 children in the schools of this City whose teeth require skilled attention. It is difficult to see how this is to be accomplished by any means short of the establishment of a Dental Clinic, and even with it there is so much back work to be caught up that the problem is by no means a simple one.

*Ringworm.*—It has been conclusively shown that by the adoption of the X-ray treatment of this skin disease its duration can be considerably shortened; and as the disease is one which affects school children very considerably and interferes with school attendance sometimes for long periods, certain Educational Authorities have made provision for the treatment of the complaint in this way; by thus lessening the amount of interference with school attendance, considerable savings of grant have been made. On the instruction of your Elementary Education Sub-Committee I reported on the methods and procedure adopted elsewhere; after detailing these methods that report concluded as follows:—

“Should this work be undertaken here it should, I think, be placed in the hands of one medical practitioner who should use drugs or X rays at his discretion according to the severity of the case.

As few medical men in practice have personal experience with the X ray apparatus, which is a dangerous apparatus to use, the medical practitioner selected should be one who is accustomed to use it.

Now that the Education (Administrative Provisions) Act is in force, it is open to your Committee to make an ‘arrangement’ for the treatment of this or any other condition with the approval of the Board of Education.

A circular issued by that Board, dated August 17th last, supplementary to its previous circulars on medical inspection, states that ‘special attention should be paid to the powers referred to in the proviso to Section 13 (1) of the Act, and the Board consider, before the direct treatment of ailments is undertaken by the Local Education Authority, whether by means of a School Clinic or by themselves supplying and paying for medical treatment, full advantage should be taken of local hospitals, etc., and



it goes on to state that the Board would be prepared to entertain proposals for contributing to the funds of such institutions on terms of adequate advantage.

The circular further states that before the Board will approve of any 'arrangement' for the treatment of defects, they will require to know what precautions the Local Education Authority will take to secure that only those children will be treated in a school clinic for whose treatment adequate provision cannot be otherwise made, whether by parents, or by voluntary associations or institutions.

Should an arrangement be made with a medical man for the treatment of Ringworm, it would appear to be best to arrange for some fixed payment per case, instead of so much per sitting or consultation; any such arrangement should be of a tentative character, so that experience could show whether the shortening of the period of absence from school and the consequent saving of the grant were properly proportioned to the payment made."

After a consideration of that report the Committee adjourned the matter for twelve months.

Concerning other common defects noticed, Dr. Corbett makes the following remarks:—

*"Tonsils and Adenoids* can be dealt with by the ordinary medical agencies.

*Ears.*—There is no satisfactory arrangement at present for the treatment of discharging ears. Frequently these cases are receiving no treatment at all, and the discharge is found dropping out of the ear on to anything or anybody it happens to come in contact with. Usually the utmost that can be hoped for is to find a stopper of cotton-wool in the ear. There is no provision at present for systematic and efficient syringing or other medical treatment.

*Pediculosis.*—No treatment has been undertaken for this condition beyond sending notices to parents explaining the steps that should be taken. In some cases a good effect is being produced by the teacher using her influence with the girls and with the parents."

(g) *"Review of action taken to detect and prevent the spread of infectious diseases, including reference to action taken under Article 45 (b) and 57 of the Code of 1908."*

A table (page 97) gives the numbers of cases of alleged infectious illnesses which have been reported to the Health



## NOTIFICATIONS RECEIVED FROM SCHOOLS.

SCHOOL.	Chicken Pox.	Scarlet Fever.	Whooping Cough.	Ringworm.	Mumps.	Rash.	Diphtheria.	Measles.	Eczema.	Ophthalmia.	TOTAL.
Earlsdon .. ..	1	..	22	16	1	6	..	2	2	..	50
Edgewick .. ..	19	1	27	..	1	1	..	1	..	..	50
Little Heath .. ..	..	2	..	..	..	1	..	4	..	..	7
Paradise .. ..	7	2	30	3	..	1	1	13	1	..	58
Radford .. ..	..	1	8	..	3	1	1	2	..	..	16
Red Lane .. ..	3	..	21	1	3	9	2	48	..	..	87
South Street .. ..	13	3	..	..	..	..	..	..	..	..	16
Spon Street .. ..	4	..	13	2	..	..	..	4	..	..	23
Stoke Council .. ..	4	1	5	1	..	..	..	1	..	..	12
Union Street .. ..	1	..	1	1	..	..	..	3	..	..	6
Wheatley Street .. ..	..	..	24	..	..	..	1	13	..	..	38
Fredk. Bird .. ..	6	3	..	5	..	1	..	20	..	..	35
All Saints' .. ..	6	..	9	..	6	..	..	4	1	..	26
Girls' British .. ..	2	4	..	..	..	1	2	2	..	..	11
Holy Trinity .. ..	13	9	10	..	..	..	6	29	1	..	68
King Fields .. ..	..	..	..	..	..	..	..	..	..	..	..
St. John's .. ..	1	5	..	..	..	..	..	2	..	..	8
St. Mark's .. ..	..	2	18	1	..	..	..	20	..	..	41
St. Mary's .. ..	..	1	2	3	..	1	..	4	..	..	11
St. Michael's .. ..	2	3	14	..	..	4	..	7	..	..	30
St. Osburg's .. ..	12	11	..	5	3	..	2	4	1	3	41
St. Peter's .. ..	2	..	11	..	..	..	..	..	..	..	13
St. Thomas' .. ..	8	2	11	..	1	..	..	6	..	..	28
Stoke National .. ..	..	..	..	..	..	..	..	..	..	..	..
Thomas Street .. ..	1	..	9	..	..	..	..	..	..	..	10
Public Vaccinators* ..	..	..	..	..	..	..	..	..	..	..	..
	105	50	235	38	18	26	15	189	6	3	685

\* Under Section 4 of the Vaccination Act, 1898, Public Vaccinators are required to notify to the Medical Officer of Health whenever they postpone a vaccination on account of the condition of the home or the prevalence of infectious disease.

Department during the year under Section 39 of the Corporation Act of 1900.

No schools have been closed on account of infectious disease.

In the case of one school (St. Osburg's) where several cases of Scarlet Fever had occurred, all the children in the school were examined at a special visit by the Assistant Medical Officer. No cases of hidden Scarlet Fever were found, but a number of children with throat affections were discovered and treatment advised. The condition of their throats would render them more susceptible to the infection of Scarlet Fever. The school building was also in an unsatisfactory condition in certain respects, and recommendations have been made to your Committee concerning it.

Concerning the notifications of infectious diseases received from Head Teachers, Miss Strover, the Health Visitor of the Health Department, visited the homes of 217 of these, with a view to giving advice on the isolation of the patient, and also with a view to the non-attendance at school—where this was desirable—of other children from the same house; the results of these visits were all reported to me; there were 119 cases of Measles, 6 Chicken Pox, 61 Whooping Cough, 9 Ringworm, and 5 Itch; there were also 3 alleged cases of Scarlet Fever and 14 others.

Those visited, however, were only a small proportion of the whole; it has, with one Health Visitor, been quite impossible to pay visits to the whole number.

*(h) "Review of methods adopted and the adequacy of such methods for dealing with blind, deaf, mentally or physically defective and epileptic children under the Acts of 1893 and 1899."*

During the year I have examined and reported on one blind child and one deaf and dumb child, in order to furnish certificates for their admission into appropriate institutions; I have also reported on one child as to his suitability under the Defective and Epileptic Children Act.

Your Education Committee has during the year determined to equip the recently vacated Pupil Teachers' Centre as a Special School for mentally defective children; that there is a considerable need for some provision of this sort I have adverted to previously. I have reported on the sanitation and suitability of this particular

building for this purpose. The building is itself an excellent one, and its central situation will render it reasonably accessible from all parts of the City.

(i) “*Review of—*

- (1) *The methods and results of instruction in personal hygiene and temperance in the Public Elementary Schools in the area ;*
- (2) *The methods and results of physical or breathing exercises in the the Schools ;*
- (3) *Arrangements for open-air Schools, School Camps, &c., under Article 44 (g) of the Code of 1908.”*

At this early stage of systematic inspection it would not appear that anything useful can be said concerning the first two of these headings ; in regard to the third, I am not aware that the question of open air Schools has been contemplated locally.

(j) “*Account of miscellaneous work, such as the examination of scholarship candidates, pupil teachers, or teachers of any grade.”*

During the year I have examined and reported on the state of health of 82 candidates for bursaries and candidates for admission to the Girls’ Secondary School. I have reported on 113 children on their fitness to attend school, 41 of whom were referred to me by the Secretary of the Education Committee.





## PART III.

General Sanitary Administration.





## The City and Pinley Isolation Hospitals.

During the year the City Hospital has been used for the isolation of Scarlet and Typhoid Fever patients, and the Pinley (Small Pox) Hospital has received no patients.

At the City Hospital 271 patients have been under treatment ; 27 patients were remaining in at the beginning of the year, and 244 were admitted during the year ; of this latter number 8 were sick staff, and the remaining 236 were patients actually admitted. The whole of these were from the City of Coventry, with the exception of 14 cases of Scarlet Fever that were admitted from the Meriden Rural District.

During the year 411 visits were paid to the City Hospital. Also I have visited a number of doubtful cases of infectious disease at their own homes, sometimes at the request of medical men, and sometimes in connection with the question of school attendance.

The adjoining table sets out the particulars of the admissions and discharges to the City Hospital during the year. It may be

DISEASE.	In Hospital Jan. 1, 1908.	Admitted during 1908.	Total	Recovered.	Died.	Remaining in Hospital Jan. 1, 1909.	Fatality per cent.
Scarlet Fever .. ..	26	225	251	203	6	42	2.1
Typhoid Fever .. ..	..	5	5	4	1	..	20.0
„ „ Staff .. ..	..	1	1	..	..	1	
Enteritis (admitted as Typhoid)	..	5	5	5	..	..	..
Sick Staff—							
Catarrh .. ..	..	3	3	3	..	..	..
Alveolar Abscess .. ..	..	1	1	1	..	..	..
Anæmia .. ..	1	..	1	1	..	..	..
Tonsillitis .. ..	..	3	3	3	..	..	..
Rheumatism .. ..	..	1	1	1	..	..	..
	27	244	271	221	7	43	2.5
	271			271			

noted that of the ten patients who were admitted supposed to be suffering from Enteric Fever, five of these on observation in hospital were not regarded as suffering from this complaint ; it is to be regretted that a Charge Nurse, who had been nursing one of the patients with Enteric Fever, contracted the disease ; at the time of writing this report she is again well and on duty ; it is true that the more precise and complete the precautions against personal infection the less likely is infection to occur ; the difficulty, however, of absolutely sterilizing the hands after contact is so great, that the possibility of infection to those who attend to Enteric Fever patients can never be entirely eliminated.

The several parts of the Hospitals were open during the following lengths of time :—

City Hospital	North Pavilion	-	-	184 days.
	South „	-	-	217 „
	West „	-	-	319 „
	East „	-	-	319 „
	Iron Hospital	-	-	270 „
Pinley Hospital	-	-	-	0 „

The average period of stay of those patients who were admitted during the year to the City Hospital was 45.1 days.

The maximum, average, and minimum numbers of patients in the two Hospitals were as under :—

	Maximum No. of Patients.	Average No. of Patients.	Minimum No. of Patients.
City Hospital	52	29.7	11
Pinley Hospital	0	0	0

The comparison of these figures with those of previous years is given below :—

#### CITY HOSPITAL.

Year.	Maximum No. of Patients.	Average No. of Patients.	Minimum No. of Patients.
1894	132	37	4
1895	99	58	30
1896	89	45	10
1897	65	33	12
1898	75	41	15

CITY HOSPITAL—*continued.*

Year.	Maximum No. of Patients.	Average No. of Patients.	Minimum No. of Patients.
1899	86	40	16
*1900	129	88.9	45
*1901	107	58.2	30
1902	45	35	24
1903	49	15.9	3
1904	62	28.9	7
1905	65	36.5	16
1906	53	40	27
1907	53	31.1	15
1908	52	29.7	11

\* In these years the Pinley Hospital was used as a Convalescent Scarlet Fever Hospital, and the figures relate to both Hospitals.

The number of beds for which the City Hospital is constructed is 62, so that at no time during the past seven years has that Hospital been overcrowded.

The following figures represent the number of patients that have been admitted annually to your Hospitals since the opening of the City Hospital in 1874 :—

1874— 12	1883— 34	1892— 72	1901—405
1875— 14	1884— 34	1893— 65	1902—246
1876— 22	1885—101	1894—355	1903—211
1877— 38	1886—111	1895—408	1904—278
1878— 54	1887—158	1896—313	1905—269
1879— 76	1888—189	1897—234	1906—323
1880— 90	1889—210	1898—283	1907—256
1881—156	1890— 83	1899—257	1908—244
1882— 48	1891— 91	1900—610	

The current expenses of the City Hospital during the last financial year, ending March 31st, 1908, amounted to £2,282 16s. 4d.; those for the Pinley Hospital to £142 17s. 1d.



The character of these expenses is set out below:—

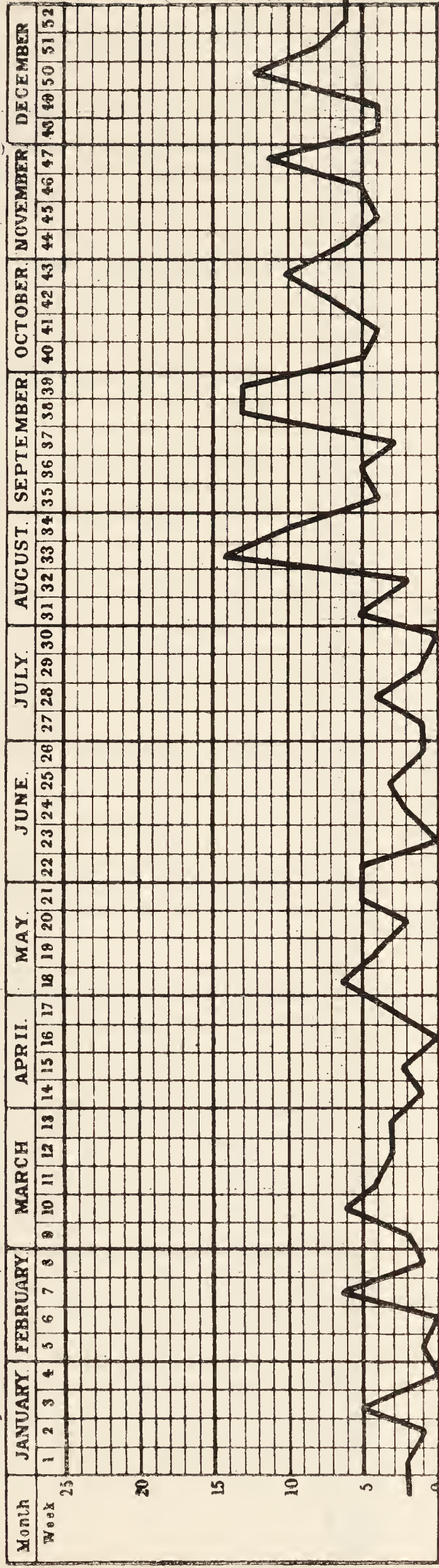
YEAR ENDING MARCH 31ST, 1908.				YEAR ENDING MARCH 31ST, 1908.			
By City Hospital :—				By Pinley Hospital :—			
	£	s.	d.		£	s.	d.
Acknowledgments ..	0	10	0	Fuel and Lighting ..	13	5	5
Rates, Taxes, & Insurances	161	3	3	Rates, Taxes, & Insurance	14	5	7
Alterations, Repairs, Furniture, &c. ..	158	14	0	Ironmongery, &c. ..	5	12	3
Telephone .. ..	6	5	0	Repairs, &c. .. ..	33	10	4
Provisions .. ..	609	15	8	Telephone .. ..	11	0	0
Drugs and Appliances ..	61	16	0	Stationery .. ..	0	3	6
Drapery .. ..	23	6	0	Wages of Staff .. ..	65	0	0
Fuel and Lighting ..	351	2	4				
Ironmongery, &c. ..	61	12	5				
Carriage .. ..	0	12	3				
Disinfectants .. ..	11	17	0				
Stationery, Printing, and Advertising .. ..	42	16	11				
Temporary Medical Attendance at Hospital ..	25	4	0				
Medical Officer, Salary as Medical Attendant at Hospital .. ..	150	0	0				
Expenses of Candidates (Lodge Keeper) ..	5	4	6				
Wages of Matron and Staff	601	7	7				
Matron, Disbursements ..	8	0	0				
Cost of Local Inquiry ..	3	6	5				
Cab Hire .. ..	0	3	0				
	£2282	16	4		£142	17	1
To Fees for Maintenance of Patients .. ..	301	7	0				

The current quarterly expenses for the two Hospitals in 1908 were as under:—

	City Hospital.			Pinley Hospital.		
	£	s.	d.	£	s.	d.
1st Quarter -	466	11	3	43	12	4
2nd Quarter -	591	17	3	44	8	3
3rd Quarter -	334	15	2	18	7	5
4th Quarter -	555	10	0	28	13	2
	£1,948	13	8	£135	1	2

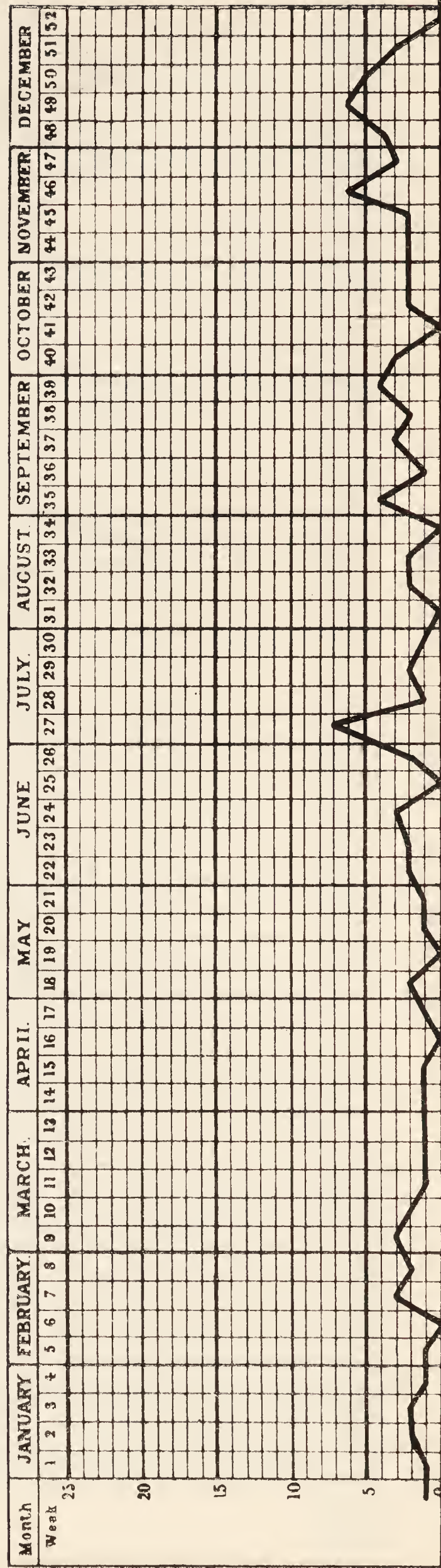
During the same time the sum of £196 12s. 9d. was received on account of the admission of patients to the City Hospital from outside districts.

# SCARLET FEVER 1908.





DIPHTHERIA 1908.





For the City Hospital, the sum above stated for maintenance expenses, divided among the average number of patients, amounts to £1 5s. 3d. per head per week.

The average sum expended per week at this Hospital for diet amounted to £9 13s. 0 $\frac{1}{4}$ d. ; this divided among the average number of patients and boarded staff, comes to 3s. 11d. per week, or the cost of diet for each boarded person was exactly 6 $\frac{3}{4}$ d. per day. I think that nothing remains to be said as to the economy of management.

During the winter I gave a course of weekly lectures to the Nurses on Hygiene, etc.

### **Disinfecting Station.**

The following figures represent the work that has been done in connection with the Disinfection and Ambulance Station :—

Visits paid to houses where infectious disease was suspected or notified—1,311.

Patients removed to the City Hospital—235.

Patients removed to the Pinley Hospital—0.

Patients removed for neighbouring authorities or from neighbouring districts—0.

Houses disinfected by fumigation or spraying—423.

Steam disinfecting apparatus used 270 times.

Articles disinfected by steam—13,491.

Disinfection of rooms by fumigation or spraying, and of clothing, etc., by heat, has been carried out in nearly all notified cases of infectious disease.

### **The Need of a Public Mortuary.**

The necessity for this has been gradually becoming apparent ; during the year a deputation from a joint meeting of the Sanitary and Watch Committees visited a new mortuary recently erected in Birmingham ; a site has been provisionally approved, and plans have been got out for a mortuary on that site, which will doubtless be submitted to your Council in due course.

### Pauperism.

Mr. Arch, the Clerk to the Guardians, has kindly supplied me with the following figures relating to this subject :—

Number of inmates of Workhouse at end of year 1908 ...	568
Average number of inmates for previous five years ...	520
Number of persons who received out-door relief in 1908	760
Average number of persons who received out-door relief in previous five years ... ..	756

		£	s.	d.
Actual expenditure in out-door relief in 1908 ...	2,430	2	4	
Average yearly expenditure in out-door relief in previous five years ... ..	2,583	10	1	
Decrease on the average expenditure in out-door relief ... ..	153	7	9	

### Pauper Sickness.

Returns are received from the Clerk to the Guardians each fortnight concerning the new cases of pauper sickness. In all 1,003 such cases have been returned. All cases of Consumption indicated in these returns are visited, and also a small number of other cases. These returns afford an indication of the amount and locality of illness among the poorest.

### Overcrowding.

Fifty cases of overcrowding were dealt with during the year ; this is a larger number than in any recent year. The following are samples taken, without selection, to illustrate the kind of case dealt with.

(1) The house contained two bedrooms, of a total cubic capacity of 1,152 feet ; it was inhabited by a man, his wife, and 4 young children, together with two adult women and one girl of 18 years of age.

(2) The house consisted of one living room (883 cubic feet) and one bedroom (1,129 cubic feet) ; its occupants were a man and his wife with four daughters, of ages ranging from 7 to 16 ; the wife was a consumptive, and confined to bed.

(3) The house contained three rooms, two being bedrooms, the united capacity of the bedrooms being 1,457 cubic feet; the occupants were two men and their wives and two families; the one consisting of three daughters, aged 19, 17, and 16, and two sons, aged 14 and 7, and the other consisting of three daughters and one son, of ages from seven weeks to six years.

(4) The house contained two living and two bedrooms, the latter containing a capacity of 3,100 cubic feet; it was occupied by a man and his wife with six daughters and three sons, the ages of the former being 25, 23, 20, 16, 14, and 12, and of the latter 22, 18, and 11; seven out of these eleven persons were wage earners.

(5) The house contained one living room and two bedrooms, the latter having a cubic capacity of 1,582 feet; it was occupied by a woman with three young children, and a man and his wife with three young children.

(6) The house contained one living room and one bedroom, the capacity of the latter being 989 cubic feet; the house was occupied by a woman (the tenant), with the following lodgers:—A man and his wife with one young child, and another man and his wife and one young child.

(7) This house contained two small bedrooms, with a total capacity of 1,136 cubic feet; it was occupied by a man and his wife, five daughters, of ages ranging from 2 to 19, and one young son.

(8) The house contained two small bedrooms, of a total capacity of 1,467 cubic feet, and was occupied by a man, his wife and two children, another man, his wife and two children, and one man lodger.



## Housing of the Working Classes Act, 1890.

The following table summarizes the action which has been taken under Part II. of this Act, and the results which have followed :—

YEAR.	Condemned on Certificate of M.O.H.	Improved in consequence.	Closed.	Re-opened after Improve- ment.	Back-to-back Houses made through-venti- lated by the inclusion of 2 Houses in 1.
1891	62	9	6	...	18
1892	43	10	29	...	...
1893	36	8	33	...	10
1894	6	5	1	...	4
1895	15	5	1	...	6
1896	9	...	4	...	...
1897	2	...	2	...	...
1898	4	2	...	...	...
1899	31	12	12	...	6
1900	75	30	5	...	6
1901	42	39	15	5	0
1902	43	23	12	8	0
1903	34	21	7	1	4
1904	40	39	7	1	4
1905	58	3	8	11	8
1906	8	23	4	3	2
1907	9	4	12	3	0
1908	31	23	...	2	...
Total ...	548	256	158	34	68

The following is a detailed statement of the houses that have been improved :—

### UNFIT HOUSES IMPROVED DURING 1908.

61, Well Street. (Rescinding Order obtained January 11th, 1909).

11 in Court 9, Well Street.

34, Gosford Street.

10 in Court 14, Gosford Street.

Rooms over 34, Gosford Street.

1 in Court 13, Much Park Street.

2 in Court 13, Much Park Street.

4 in Court 13, Much Park Street.

1 to 13 in Court 31, Spon Street.

4 and 5 in Court 20, Much Park Street. (Rescinding Order June 30th, 1908).

One house, No. 5, The Jetty, Broad Street, which was voluntarily closed in 1907, was demolished and a new house erected in its place.

It has to be admitted that the progress that has been made in this matter of the better housing of the poorer classes during the year has been small; one reason for this, which has operated elsewhere as well as here, has been the fact that we were anticipating that the Housing and Town Planning Bill of 1908 would have become law; in that case much greater powers for dealing with this matter would have been possessed by your Authority. It may be hoped that this Bill will pass through its stages this Session.

During the year your Council has made what may be described as either a beginning or an experiment in the way of the provision of municipal dwellings; and 48 houses of five rooms each to be let at 5/6 per week have been erected, as well as 22 tenements on the dual flat system of two rooms each to be let at 4/3 per week. An argument in favour of the erection of these dwellings was that they would furnish accommodation for those who were to be dispossessed by any action your Sanitary Committee might take in the way of closing undesirable dwellings. I have no desire to disparage any efforts that may be made in the way of improving the deplorable conditions under which some people—under present circumstances—have perforce to live; my aim is to attempt to guide those efforts into the most effective channels. And I therefore remark that I have observed that preliminary enquiries have been made concerning the applicants for these houses. This means that these houses are occupied by a selected class of tenants. Now the class of tenants which is usually dispossessed by the closure of a house as unfit is generally a class concerning whom enquiries cannot successfully be made; they are in fact in the main the most undesirable tenants possible; and as a rule it is only to the owners of undesirable property that they are able to apply successfully for admission to their houses. I feel that it is necessary to draw attention to this matter in order to show that the problem is hedged in with difficulties. Both poverty and negligence appear to be at the root of the question; whether any cure can be found for these evils is a sociological problem of vast dimensions.

In June last a Sessional meeting of the Royal Sanitary Institute was held in Coventry; on my suggestion the question discussed was this one of housing, it being to my mind more pressing than any other locally; the subject discussed was "Some aspects of the housing problem and town planning," and the discussion was opened by papers by your City Engineer and myself.

It seems certain that the difficulties of this problem can never be overcome until they are thoroughly appreciated.

### OBSTRUCTIVE BUILDINGS.

Two houses in a court in Much Park Street, which were dealt with as obstructive in 1907, were pulled down during the year; this allowed two houses in the rear, which had been compulsorily closed, to be materially improved and re-opened.

### Town Planning.

This is a matter to which I have drawn attention for some years past. Your Council will be aware that the Housing and Town Planning Bill of the Government failed to pass through all its stages during the last Session of Parliament, and that it has been re-introduced this year.

### House Accommodation.

On November 21st I reported on this question to your Sanitary Committee as follows:—

"The enumeration of unoccupied houses in the City, made every year by the Health Department, has been made in the past few days. The following are the figures obtained, and also those for the previous year:—

		1908.		1907.
Houses of £20 and upwards	...	110	...	37
„ 5/6 to 7/6 per week	...	130	...	27
„ 2/6 to 5/- per week	...	41	...	24
„ under 2/6 per week	...	—	...	1
		—		—
		281		89
		—		—

The figures show that there are considerably more houses empty now than at the corresponding time last year. In 1904 there were about twice as many houses empty as at the present time.



Care has been taken not to enumerate as empty houses, houses near completion but not ready for occupation by tenants. Fifty of the houses, however, are houses that are newly-completed houses and not yet occupied."

Your City Engineer has kindly furnished me with the following figures relating to the building operations for the past 17 years. The numbers are made up to November 30th in each year.

PLANS APPROVED.										
Year.	Houses.	Factories and Workshops	Alterations and Additions.	Miscellan's	Public Buildings.	Churches.	Chapels.	Schools.	Streets.	Totals.
1892	152	13	75	8	0	0	0	0	6	254
1893	227	22	82	13	0	1	0	0	0	345
1894	180	15	73	14	0	0	1	1	1	285
1895	145	9	65	7	0	0	0	0	1	227
1896	548	67	125	1	0	0	1	0	21	753
1897	697	24	157	3	3	0	0	1	11	896
1898	425	17	167	7	6	1	1	0	19	643
1899	528	26	163	89	0	0	0	2	5	813
1900	488	11	106	24	1	1	1	1	3	636
1901	304	10	60	36	0	1	1	0	2	414
1902	556	29	53	66	0	0	0	0	10	714
1903	810	16	95	68	1	0	0	1	4	995
1904	535	26	80	56	3	0	0	0	16	716
1905	523	33	69	50	1	0	0	1	8	685
1906	1116	55	45	64	4	0	1	2	26	1313
1907	1275	70	45	105	1	0	1	4	35	1536
								(including 2 Addit'ns)		
1908	1084	16	42	94	2	1	1	..	17	1257
BUILDINGS COMPLETED.										
1892	117	18	58	5	0	0	0	0	2	200
1893	193	13	65	9	0	1	0	0	3	284
1894	200	18	60	12	0	0	0	0	0	299
1895	129	10	53	12	0	0	1	1	2	208
1896	171	49	89	3	0	0	0	0	3	315
1897	399	48	56	2	2	0	0	1	0	508
1898	501	19	115	5	1	0	1	0	13	655
1899	466	13	101	21	0	0	1	1	9	612
1900	488	19	95	26	1	1	0	2	11	643
1901	426	8	27	18	0	1	1	1	0	482
1902	403	18	19	21	0	0	0	0	6	467
1903	622	15	34	8	2	0	0	0	6	687
1904	671	13	39	21	0	0	0	2	0	746
								(Addit'ns)		
1905	378	14	14	11	2	0	0	1	6	426
1906	728	34	7	16	2	0	0	2	13	802
1907	1010	48	20	32	2	..	..	1	18	1131
1908	1188	26	21	44	2	..	2	1*	7	1291

\* Sunday School.

## **Registered Places.**

The questions that have arisen in connection with these, and the action which has been taken, are dealt with below :—

### **SLAUGHTER-HOUSES.**

At the beginning of the year there were 51 private slaughter-houses in use ; during the year there were changes of occupancy in the case of two of them ; two applications for fresh annual licences were considered, and one of these was granted, bringing the total number of private slaughter-houses up to 52 ; the licence which was granted affected a shed abutting on a dwelling house which had been annually licensed for some years, but on account of its conduct the renewal of the licence was refused by your Sanitary Committee in 1907, and the refusal was upheld in an appeal to Quarter Sessions in January, 1908 ; the new application came from the son of the former licensee ; for the reasons that (1) there had been some difficulty in successfully closing this slaughter-house ; (2) your Sanitary Committee has instructed a sub-committee to prepare a scheme for a public abattoir, and (3) there is another slaughter-house within 250 yards of this one, I advised your Sanitary Committee against adding to the already too numerous private slaughter-houses.

During the year 1,973 visits were paid to the slaughter-houses ; 114 contraventions were observed ; 12 notices were issued concerning these and also 101 verbal requests were made. The contraventions related to the following matters : cleansing and limewashing of walls, 55 ; cleansing of floors, 25 ; defective and obstructive drains, 6 ; defective walls and floors, 4 ; slaughtering animals outside slaughter-house, 2 ; animals kept in slaughter-house or fasting-pen for other than fasting purposes, 6 ; cleansing of yards and approaches to slaughter-houses, 6 ; and non-removal of offal or insufficient receptacles, 10.

Notifications were received from 33 slaughter-houses concerning the carcasses of 109 animals that were found after slaughter to be diseased or unsound. The meat surrendered and destroyed in connection with these notifications amounted to 5,859 lbs. and was as follows : beef, 4,840 lbs. (of which 2,815 lbs. were tuberculous) ; pork, 929 lbs. (of which 460 lbs. were tuberculous).

In addition to the above a carcase of beef, that on inspection was found to be tuberculous—but had not been notified—and weighed 440 lbs. was surrendered and destroyed ; this contravention



was reported to your Sanitary Committee, who authorised proceedings to be instituted against the occupier of the slaughter-house for omitting to notify, but this order was subsequently rescinded on receipt of an explanation from the occupier.

The carcase of an emaciated sheep, owned by a drover, was found deposited in a slaughter-house, and not having been notified it was seized and subsequently destroyed on the order of a Justice; this matter was reported to your Sanitary Committee, who authorised proceedings to be instituted against the occupier of the slaughter-house, but this order was subsequently rescinded on the occupier undertaking not to sub-let the use of the slaughter-house, and to exercise better supervision over it in the future.

A carcase of tuberculous pork brought in ready dressed from farm premises in the country and deposited in a slaughter-house, was seized and subsequently destroyed by order of a Justice; this matter was considered by your Sanitary Committee and letters of caution were issued to the culpable parties.

A carcase of diseased mutton exposed for sale in a shop was seized and subsequently destroyed by order of a Justice; the circumstances were considered by your Sanitary Committee and the owner was cautioned.

A cow's liver, tongue and spleen affected with Tubercle were subsequently seized from the same shop, and also a carcase of tuberculous beef in course of transit from farm premises to the shop; these were seized and destroyed; proceedings were instituted, the defendant being fined £20 and £1 13s. 6d. costs.

Of the meat "seized," there were 420 lbs. of tuberculous beef, and 130 lbs. of tuberculous pork.

The following meat was surrendered from shops and stores:—Frozen beef, 168 lbs.; frozen livers, 80 lbs.; frozen mutton, 46 lbs.; 63 rabbits, and 253 lbs. of fish.

The total meat surrendered amounted to 6,593 lbs.; and the total seized to 650 lbs.

## THE QUESTION OF A PUBLIC ABATTOIR.

This matter has been and is under the consideration of a Sub-Committee of your Sanitary Committee, with a view to the preparation of a scheme; a site has been provisionally selected, and it may therefore be hoped that this matter may be again considered by your Council in the immediate future.



In my last Annual Report I referred to the bearing of a recent decision in a High Court (*Goodwin v. Sale*), in which it had been held that the licence of an "old licensed" slaughter-house had been made to the occupier and not to the building ; it followed, therefore, that where the occupancy changed the licence lapsed, and I referred to the bearing which this had on the question of closing these houses when thought desirable on the erection of a public abattoir. Your Sanitary Committee instructed me to report on the particular slaughter-houses which would probably be affected by this decision. This I did, and below is given the conclusion of that report :—

"The power of closing private slaughter-houses, possessed by the Corporation, may therefore be summed up as follows :—Of the 52 slaughter-houses, 33 can be closed at any time, and 2 others at the termination of the present tenancy, without any question of compulsory compensation arising ; and there are 17 others (and perhaps less than 17) with vested interests, where the question of compensation would arise.

With reference to the position brought about by the decision in *Goodwin v. Sale*, it is clear that at least 24 private slaughter-houses now in use may be regarded as illegally used. The decision, however, is as much a matter of surprise to Sanitary Authorities as to butchers. It would be unreasonable in any case to act immediately on the decision without giving proper notice to the butchers concerned, and without allowing sufficient time to elapse for other provision to be made. Your Committee will probably think it well to advise the tradesmen concerned of the effect of the decision."

## DAIRIES, COWSHEDS, AND MILKSHOPS.

### COWSHEDS.

The number of Cowkeepers on the Register continues to diminish, there are now only 21 ; there are 38 cowsheds in use ; during the year 165 visits were paid to these ; 48 contraventions were observed ; these related to dirty condition of cowsheds (15), dirty condition of cows' udders (4), manure heaps too near cowsheds (10), defective floors of cowsheds (3), defective drainage and yard pavement (6), insufficient light and ventilation (5), using shed as cowshed without notice (1), swine kept in or in close proximity to cowshed (4).

During the year plans were presented for the erection of two new cowsheds to replace two sheds concerning which I had reported adversely as unsuitable for use for this purpose; these have since been erected.

At another, structural improvements have been effected as regards paving, drainage, lighting, and ventilation.

In one instance a cowkeeper was reported for using an old shed as a cowshed without first giving notice of his intention to do so; after his attention had been called to the omission, he made an application to your Sanitary Committee for permission to use this shed, and this was refused. Subsequently the owner carried out alterations and improvements suggested by the Health Department with respect to lighting, ventilation, paving and drainage, and the shed was then entered on the Cowshed Register.

In October I reported concerning the use as a cowshed which in my opinion was quite unsuited for the purpose; the Town Clerk was instructed to communicate with the occupier, and a reply was received giving an undertaking to discontinue the use of the shed at the expiration of three months.

During the year one cowkeeper gave up cowkeeping owing to the land being required for building purposes; another removed outside the boundary, and a third ceased keeping cows.

## MILKSHOPS.

The number of milksellers' names on the register at the beginning of the year was 243; of these 46 were removed from the register during the year, and 81 others entered, so that there remained at the end of the year 278 names. To the premises of these 723 visits were paid during the year, and 36 contraventions found; these related to milk stored in unsuitable places (11), and milk stores requiring limewashing (25).

In January your Sanitary Committee ordered the requirements of the Milkshops Order, so far as it related to the registration of premises, to be advertised in the local papers, and also by poster.

Several unregistered milksellers were verbally cautioned, and in three instances summonses were issued on account of this contravention.

One milkseller discontinued the sale of milk on account of a sample being found to be adulterated.

The increase in the number of milksellers has occurred in the newly developed districts.

## TUBERCULOUS MILK.

In February your Sanitary Committee authorised the obtaining of seven samples of milk under the Milk Clauses of the Corporation Act of 1900.

Particulars of the samples obtained are as follows:—

- (1) Sample from float containing about 12 gallons of mixed milk from 8 cows.
- (2) From churn outside cowshed containing about 10 gallons of mixed milk from 7 cows.
- (3) From churn in cowshed containing about 9 gallons of mixed milk from 6 cows.
- (4) From churn in float containing about 9 gallons of mixed milk.
- (5) From churn in float containing about 12 gallons of mixed milk.

These samples were submitted to the Bacteriological Department of the Birmingham University, and Professor Leith reported about them that samples Nos. (1) and (5) contained living tubercle bacilli, and that Nos. (2), (3) and (4) did not.

These last samples were all obtained from City cowsheds, while the two first were from cowsheds outside the City.

Acting under the powers of the local Act and having obtained the necessary authorisation of a County Magistrate, I visited the cowshed of sample No. (1) accompanied by a Veterinary Surgeon (Mr. Dale); Mr. Dale examined the udders of 25 cows; there were two which presented possibly suspicious appearances; samples of milk from these were taken and submitted to Prof. Leith, with negative results; on this being reported to your Sanitary Committee, that Committee undertook to defray the expense of applying the Tuberculin test to this herd; with the permission of the owner this was done, and five cows were found to react. These were taken out of the milking herd, and were for the time used for the feeding of calves (!).



An unsatisfactory part of this matter is that it has not been possible to follow up the subsequent history of these animals. Inspector Clarke made considerable endeavours to do so ; all that could be ascertained was that in the course of time one of them was sold to a butcher in a neighbouring district, and was there after slaughter condemned by the Inspector as being too tuberculous for any of it to be used as food, and was buried. Three others were sold to butchers, and the fifth was sold, but their further history could not be traced. It is obvious that a weakness exists in the procedure. By the steps that were taken by this Authority, a farmer became informed of certain tuberculous cows in his herd ; these then ceased to be used as a part of the milk supply ; this is to the good ; but on the other hand steps should also be taken to see that these cows are slaughtered, and not fattened up for sale to butchers who probably have not the farmer's information as to the suspicious character of the animals.

Somewhat similar procedures were adopted in regard to the cowshed from which sample No. (5) was obtained. I visited this with Mr. Dale ; Mr. Dale examined the udders of 43 cows ; samples of milk were drawn from the udders of two suspected animals, and the examination gave negative results ; it then came to light that at the time of the taking of the first sample an unthrifty cow had been in the herd, and that this had been disposed of. This was a young cow that had suckled a calf, and was afterwards milked for a few weeks with the other cows ; but owing to its losing flesh very rapidly and having a cough, the owner disposed of it to a knacker for 15/-. After this information had come to light a mixed sample from the whole of the then herd was taken, and this gave a negative result.

After these matters had been reported to your Sanitary Committee, the question arose as to whether some steps could be taken in cases, where tuberculous cows were discovered, to cause them to be slaughtered rather than to be fattened up for sale, and foisted on an unsuspecting purchaser, who might subsequently have to forfeit a part or the whole of the carcass on account of its tuberculous condition. On the instruction of that Committee I subsequently submitted the following report :—

EXTRACT FROM REPORT OF THE MEDICAL OFFICER OF  
HEALTH FOR FORTNIGHT ENDING SEPTEMBER 26TH, 1908.

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**TUBERCULOSIS AMONG COWS.**

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*To the Sanitary Committee.*

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Your Committee has instructed me to report concerning the working of the "Manchester Milk Clauses" in Manchester.

What are known as the Manchester Milk Clauses, were clauses inserted in the Manchester General Powers Act, 1899, giving that city extended powers of control over the milk supply of the city, and are directed towards the prevention of the sale of tuberculous milk. They not only give such powers in regard to dairies and cowsheds in the city, but are extended, with certain conditions, to cowsheds outside the city.

Since these powers were obtained by Manchester, they have been copied by a number of other of the large towns and inserted into private Acts when occasion arose to promote such Acts.

The clauses are generally known as "the Manchester Milk Clauses."

Coventry copied these clauses into its private Act of 1900; but until recently no steps have been taken under them in regard to cowsheds outside the city.

Action under them enables us not only to determine which milk supplies are giving tuberculous milk, but also to follow up the enquiry and ascertain which are the diseased cows.

This has recently been done in regard to one case, which has been fully reported to your Committee; and as a result five cows were separated from the milking herd.

The question has arisen as to what action, if any, should be taken by your Committee in any similar case. I informed your Committee that much work was done under the clauses in Manchester, and that quite a large proportion of the affected cows were slaughtered, and if any, or all of the carcase was considered to be fit for food, it was used as such.

I was instructed to endeavour to ascertain whether Manchester had any further powers to compel slaughter. I have been in communication with Dr. Niven on the matter, and I gather that no such special powers are possessed. Inasmuch, however, as the Corporation has the power to make an order preventing the sale of milk from any such dairy in Manchester, they are able to bring considerable pressure to bear on owners to see that the advice of their Veterinary Inspector is followed.

The following is the method adopted in Manchester in regard to the working of these clauses:—

Samples of milk are obtained at the Manchester and other railway stations, or elsewhere within the city, by the Food and Drug Inspectors. These are submitted to Professor Delépine for bacteriological examination. All samples reported by him as having been found to cause tuberculosis are followed to their source at the farm by the Medical Officer of Health (or his representative) and the Veterinary Surgeon.

The Veterinary Surgeon examines all the milking cows on the farm, and takes separate samples from cows having diseased or suspicious udders. The special, as well as the mixed samples, are taken in sterilized bottles, and every care is taken to avoid extraneous infections. These samples are, in turn, submitted to Professor Delépine for bacteriological examination, and in this way the fact of a cow having tuberculosis of the udder is definitely ascertained. Samples from cows found by clinical examination, to have diseased or suspicious udders, without previous mixed station samples, are collected and examined in the same way.

In all cases a control sample is taken to ensure that the examination has been satisfactorily completed, and that every source of infection has been removed.

In regard to the amount of work done under the Clauses, I reproduce below some extracts from the report of the Veterinary Inspector, which appears in the Manchester Annual Health Report for 1907:—

“ During the year 1907, 700 samples of mixed milk have been taken by the Food and Drug Inspectors in connection with tuberculosis; of this number 672 were taken at the railway stations, and the remainder taken from the carts coming in by road. The number of farmers represented in this total is 562.”

“ Of these 562 farmers, 350 reside in Cheshire, and 27 of them (7.71 per cent.) sent tuberculous milk; 67 live in Derbyshire, and three of them (4.48 per cent.) sent tuberculous milk; 72 live in Staffordshire, and five of them (6.94 per cent.) sent tuberculous milk; 54 live in Lancashire, and two of them (3.70 per cent.) sent tuberculous milk; eight live in Shropshire, and one of them (12.5 per cent.) sent tuberculous milk; ten live in Yorkshire, and none sent tuberculous milk.”

“ As stated before, no attempt is ever made to deal with milk from separate districts in turn, as there is little doubt that when such a procedure is adopted, the farmers' attention is drawn to it, and although a number of tuberculous samples may be obtained, it will be found, on arrival at the infecting farms, that in most cases the infecting animal has been removed, with the result that nothing can be done; whereas in those cases where a cow suffering from tuberculosis is discovered, the subsequent administrative measures are much strengthened, and leave a lasting impression on the farmer, whose supervision of the general health of his herd is likely to be much more thorough.”

“ From returns supplied, chiefly by the farmers themselves, the estimated number of cows at the 562 farms from which the milk was subjected



to examination, is 11,435, being an average of just over twenty cows per farm. During the year the udders of 2,547 cows at the country farms have been examined for tuberculosis. Of the milk tested by Professor Delépine from these 562 farms, 38 were found to cause tuberculosis, giving a percentage of 6.76 farms sending tuberculous milk."

"As a result of following up the tuberculous mixed samples, 28 cows were found, and proved to be suffering from tuberculosis of the udder; 21 of these cows were slaughtered in my presence, or I examined the carcass soon after; in five cases the entire carcass was passed as fit for food; in two cases portions of the carcasses were passed; in the remaining 14 instances the whole carcass was condemned; this leaves seven cows to be accounted for, and of these one was ascertained by me to have died, and the remaining six were not traced, although efforts to do so were made by writing to the farmer; but even if a reply is received stating the name of the person to whom the cow has been sold, the supposed purchaser did not reply to the enquiry. It is, as a rule, pretty safe to say now that such cows are sent outside our areas, and are not likely to become a source of infection to Manchester consumers again. In addition to the above 28 cows, found as the result of following up the infective mixed milk, one cow notified was proved to have tuberculosis of the udder. She was shortly after sent to the knacker's, where I made a post-mortem and found the disease generalised. This was a young animal, only two years and four months old."

"Two prosecutions were instituted during the year under the Milk Clauses for failure to notify to the Medical Officer of Health the presence of animals showing marked signs of disease of the udder."

"Further, in three cases orders were made upon farmers during the year requiring them to cease sending milk to the city until such time as they are able to show to the satisfaction of the Medical Officer of Health that the milk supply has been changed, or that it is not likely to cause tuberculosis to persons residing within the city."

"These cases all bear a close resemblance to one another, inasmuch as in the first instance, at two of the farms, one cow suffering from tuberculosis of the udder was found at each place, and in the third case two such diseased cows were found. The housing conditions were insanitary to a degree, and, in addition, I was able to satisfy myself by clinical examination, that a fair percentage of the remaining cows on each farm were suffering from tuberculosis. That a certain amount of hardship is inflicted by the imposition of the prohibitory order is certain, but it is equally certain that in such herds as these it is of little permanent use to remove merely those animals in which tuberculosis has extended to the udder, when at any time one or other of the remaining cows may develop the disease in the udder. In such cases everything possible is done to get a complete reconstruction of the insanitary cowsheds, and to, as far as possible, purge the herds of those animals which present clinical signs of disease. Incomplete as such a procedure is, if the two improvements go

together—the provision of a fairly healthy herd, housed in a good sanitary cowshed—it may fairly be expected that from being a source of danger, the milk from such a farm might be regarded as comparatively safe. Beyond this, the educational effect of the presence of such a good farm in a district is of great value, especially if the landlord can be induced to carry out the work thoroughly, and on the lines recommended. It may be, and is contended that the methods of construction in vogue in Manchester are extreme, and many hold the opinion that to ask for 600 or 800 cubic feet of air space per cow is too much, but in my opinion much of this has been due to the fact that many modern cowsheds are ventilated in such a manner as to make the attainment of a fairly equable temperature in cold weather a matter of extreme difficulty, and naturally farmers fear the effects.

Of the three cases mentioned in which orders were made, the landlord has, in one case, given an undertaking that the whole of the suggested alterations will be carried out by August 31st, 1908, and on receipt of this undertaking the Hospitals Sub-Committee agreed that the operation of the order made should be suspended till that date. In one of the other two cases the landlord is considering what he will do, but in the third case nothing will be done, the farmer having found another market to send his milk to.”

Work in Manchester in connection with these Clauses appears to have been carried on since 1901; the number of farmers' milks that have been tested has gradually increased each year from 272 to 562; the number of milks found to cause tuberculosis has varied from 27 to 47.

After giving the table of percentages, the Veterinary Inspector remarks :—

“ It will be seen that the reduction commenced in 1904 is maintained, and that the amount of infective milk arriving in the city is less than half what it was in 1903, when 13.6 per cent. of tuberculous milk was sent into the city. The diminution of the infected milk to its present quantity has, as reference to the table will show, been gradual, but continuous. We may consider these figures as reliable evidence of all-round improvement; that is to say, there is more careful supervision, lowering of the average age at which cows are removed from dairy stock, and careful attention to the various udder conditions which arise from time to time. No doubt, as has previously been stated, many more cows than those actually suffering from tuberculosis of the udder are removed, but so far as the farmers are concerned, this is to a very great extent their own fault, as they will not make use of the Notification Clause in the Milk Clauses, but prefer to rely on themselves, although an increasing number are employing their private veterinary advisers to make periodical examination of their cows. So far as plainly diseased cows are concerned (I mean those that are commonly described as ‘wasters’), I cannot say that I have seen more than about a dozen during the year. This in itself marks a great improvement in the supervision of dairy stock. It does not follow that the number of cattle



suffering from tuberculosis is very materially diminished, but it would indicate their removal at a much earlier period."

In July last your Committee, in making a report to the Council on my Annual Report for 1907, reported as follows:—

"Inasmuch as the greater part of the milk consumed in the city is produced in the rural districts around, your Committee are anxious to exercise all the powers they possess, to ensure that the milk supplied in the city should be as pure as possible. With that object they have instructed the Medical Officer to visit and inspect cowsheds outside the city under the powers contained in the Corporation Act, 1900, and this he is doing at the present time."

A commencement of this work has now been made; samples have been taken of milk from five dairies, three within the city and two without; the two latter only were found to be tuberculous. Five further samples were taken from these two dairies.

I shall be glad of your Committee's instructions in regard to the continuation of this work.

Your Committee gave instructions that the process of taking samples under the Act should be continued.

Relating to the milk supply, I presented the following Report on October 10th.

EXTRACT FROM REPORT TO SANITARY COMMITTEE,  
10TH OCTOBER, 1908.

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**THE YORKSHIRE MILK REPORT.**

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There has recently been issued an important Report dealing with the contamination of milk, which may be regarded as one of the most valuable documents that have even been published on the subject of the Milk Supply.

I think, therefore, that I should bring it to the notice of your Committee.

The investigation was carried out on behalf of the Councils of the County Boroughs of Bradford, Hull, Leeds, Rotherham, and Sheffield, and the administrative Counties of the East and West Ridings of Yorkshire.

A Joint Committee was formed by one representative from each of these seven Authorities, together with the Professor of Agriculture of the University of Leeds, the Lecturer on Agricultural Chemistry of the same University, and the Chairman of the Joint Farm Committees of the Ridings.

The Medical Officers of the Authorities assisted the Committee.



The movement originated about two years ago; the actual investigations occupied about fifteen months, and were carried out by Dr. Orr, a Bacteriologist specially appointed to do the work. The expenses were divided between the seven Authorities.

The investigations consisted mainly in the collection of samples of milk under different conditions of milking, carriage, and storage, and the examination of the contamination as shown by the bacteria present under the different conditions.

The resulting Report has recently been issued; it is a lengthy document extending to 113 foolscap pages; prefixed to it is the Report of the Committee based on the investigations, and signed by the whole Committee.

The conclusions arrived at are so important that I am herewith placing the important part of them before your Committee:—

“ Whilst the Committee recommend the conclusions and suggestions to the careful consideration of the Authorities concerned in the Investigation, they would draw particular attention to those points with regard to the contamination of milk on which, in their opinion, the inquiry furnishes more conclusive evidence.

1. The investigation clearly shows that serious contamination does take place, and to a great extent of a preventable character.

2. Cow's milk freshly drawn from the udder by ordinary methods contains bacteria. Such bacteria are more numerous in the “ fore milk ” than in the milk given at a later stage of the milking process.

3. A very great increase in the number of bacteria in milk takes place whilst the milk is being drawn from the udder, and the milk continues to receive additions at every stage of its journey to the consumer, and even after it has reached him. The degree of contamination however, at the different stages, varies enormously.

4. In general, the greatest amount of contamination occurs at the cowshed, and is largely attributable to:—

(a) The dirty condition of the cows' udders.

(b) The imperfect cleansing of the cans or other receptacles in which the milk is placed.

The contamination in the latter case (b) is especially pronounced in the warmer months of the year.

5. The contamination occurring at the cowshed can be almost entirely prevented by the adoption of the following measures:—

(a) Washing of the udder and flanks of the cow with soap and pure water—preferably with water that has been boiled—before milking. Obviously the milker must give similar attention to his hands.

(b) Efficient sterilisation of all vessels by steam, if possible, or failing that, by an abundance of boiling water. The vessels before being sterilised should of course, as is generally recognised, be first well washed out with clean, cold water. In this respect the task of the farmer would be greatly facilitated if the cans were efficiently cleaned by the retailer, before he returned them to the farmer.

(c) Rejection of the first draw of milk from each teat.

(d) Avoidance of any work raising dust immediately before or during milking.

(e) Removal of the milk of each cow, immediately after it has been obtained, to the large can set aside for the reception of the whole of the milk of the cows. Care should be taken that this can, which usually holds the strainer, is protected from dust or any other cause of contamination. This object, of course, can be better attained if the receiving can is not allowed to stand in the cowshed at all, but in a clean store conveniently near.

6. Ventilation of the cowshed, although of great importance as regards the general health of the cows, has apparently, from the results of the present investigation, no very direct bearing upon the degree of contamination suffered by the milk in the cowshed. A well-lighted cowshed is most desirable in the interests of cleanliness.

7. The extent to which bacteria, present in the milk as it leaves the cowshed, multiply before the milk is consumed, is mainly a question of the temperature at which the milk is kept, and the time that elapses before consumption. The lower the temperature, and the shorter the interval of time, the less do the bacteria multiply.

8. The valuable effects of cooling cannot be fully attained unless the cooler itself during storage and use is effectively protected from contamination.

9. Contamination during railway transit is practically avoidable if the milk cans are locked, and provided with dustproof lids, of such a type as will protect the lip of the can from dust or other contamination, and render it impossible for any milk shaken out of the can to drain back into it.

10. The dust laden atmosphere of the Railway Station renders it undesirable that the milk should be poured from one can into another on the platform or other open parts of the Station.

11. Additional contamination arises from :—

(a) Exposure to dust—for example, in retail shop, during street delivery, or in consumer's house.

(b) Imperfectly cleansed milk receptacles, such as retailer's cans or consumer's vessels.

In addition to the above points, Dr. Orr draws attention to other possible sources of contamination, such as may arise from neglect of systematic grooming of the cows, the unclean state of the hands and clothes of the milker, the nature and contents of the railway van, the unclean state of the retailer's clothes, and the presence of flies. In the absence, however, of evidence indicating the extent to which these may contribute to pollution, the Committee feel that they are not warranted in assigning to them the same high importance as to those points with which they have already dealt.

The Committee desire to draw special attention to the experiments of Dr. Orr with regard to the washing of cows' udders, and also to that part of the Report which deals with the conveyance of milk in vessels which are not ventilated.

The reason for drawing special attention to these matters is, that there is a widespread opinion in the country, that it is a dangerous thing (1) to wash a cow's udder, and (2) that milk will not keep except in a ventilated vessel. The experiments systematically conducted by Dr. Orr for a period of about six months indicate that a cow's udder can be washed with safety, and that one of the greatest sources of contamination of milk at the farm can thus be successfully combated. Again, if it can be shown that milk will keep in vessels which are not exposed to the air by means of ventilating openings, a fruitful source of railway contamination can be dealt with satisfactorily, and a common excuse for the exposure by the retailer or consumer of milk in an uncovered bowl will be disposed of.

In view of the above-mentioned facts the Committee are unanimously of opinion that a very great improvement in the cleanliness of our milk supply might be effected if the attention and co-operation of the various persons concerned were secured on the following points:—

(a) On the part of the milk producer.

The absolute necessity of cleaning the udder and flanks of the cow, and of washing and sterilising the receptacles in which milk is placed.

The desirability of rejecting the "fore-milk," and of removing the milk when drawn, as rapidly as possible, to a dust-free atmosphere.

The great improvement in keeping properties which may be effected by cooling the milk to 50° F., as soon as possible, by means of a clean cooler suitably protected from dust or other contamination.

The provision of cans with lids of such a type as to render contamination from without impossible. The cans in which milk is forwarded should be locked or sealed.

(b) On the part of the Railway Company.

The urgent necessity for rapid transit, especially during warm weather.

The provision of special vans—kept scrupulously clean, and reserved for the milk traffic.



The necessity of maintaining the milk at a temperature not exceeding 50° F. during the time it remains in their charge.

The provision of a special shed in which milk should be placed immediately on its arrival at the station.

This shed should be kept clean and cool, and used only for milk traffic.

(c) On the part of the retailer.

The undesirability of transferring the milk from the farmer's can, as is usual at present, in the station precincts.

The prime importance of scrupulous cleanliness in all details of the handling of milk.

The desirability of thoroughly cleansing the farmer's cans before returning them. This implies the necessity, after washing out with clean cold water, of maintaining the can, etc., for some time at steam heat, in order to ensure thorough cleansing and sterilisation, or, failing a supply of steam, a thorough scalding with an abundance of boiling water.

The necessity of complete protection of all milk from dust prior to sale.

The importance of keeping the milk at a temperature not above 50° F.

(d) On the part of the consumer.

The necessity for scrupulous scalding and cleansing with boiling water of vessels in which milk is placed.

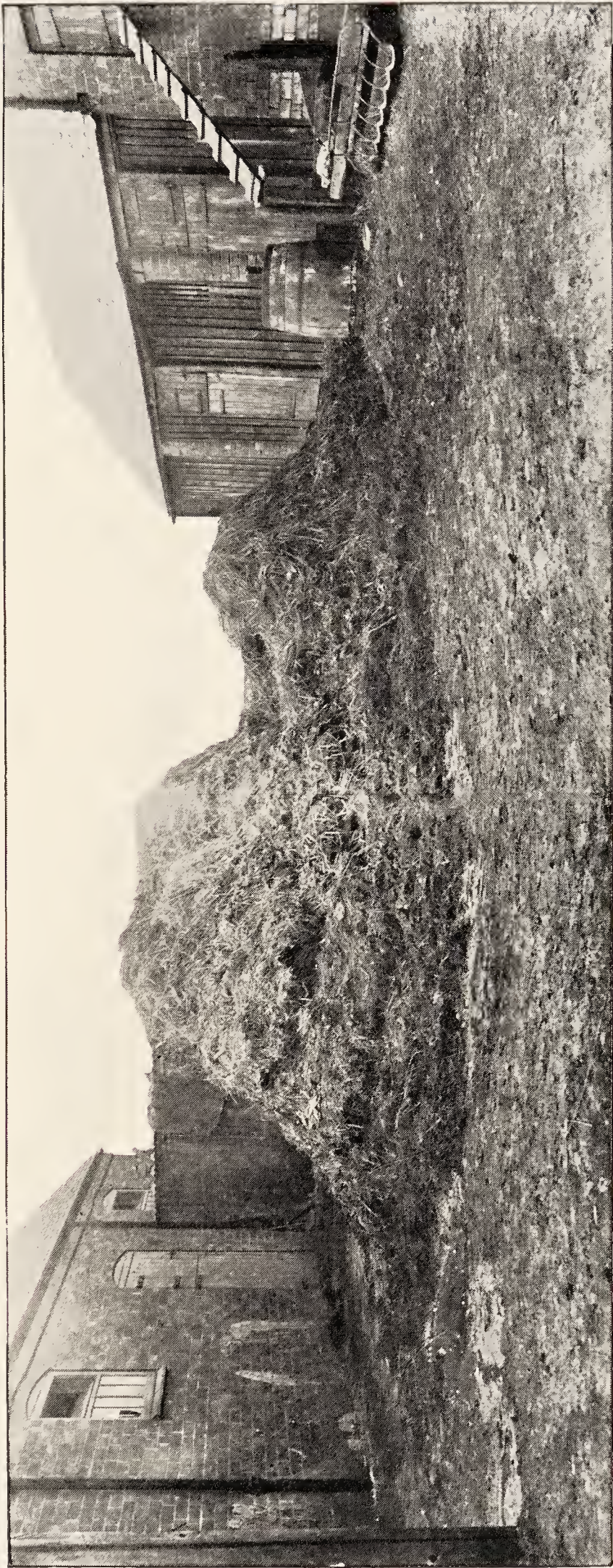
The further necessity of protecting the milk from dust during storage, of keeping it as cool as possible, and certainly at a temperature not exceeding 50° F.

As a result of their investigations the Committee are of opinion that a much cleaner and more wholesome supply can be obtained without a costly outlay on premises or special apparatus. It is, however, abundantly clear that in dealing with an article that is so easily contaminated as milk, details which are very commonly regarded as trifling are really of the greatest importance, and it is evident that painstaking care at every point, with scrupulous cleanliness in person and habit, are absolutely essential. This involves intelligent supervision on the part of those owning or managing cowsheds, better arrangements on the part of the Railway Companies, and the exercise of care on the part of the retailers and consumers.

The Committee hope that when it is realised how important a food-stuff milk is, and how liable it is to contamination, the common sense of all concerned in its handling may be relied upon to ensure their co-operation in the directions indicated.

To help in the attainment of this object the Committee consider that a popular leaflet, based on the results of this investigation, would considerably help in the education of public opinion on the matter."





*Cowshed with customary manure heap.*







## COMMON LODGING HOUSES.

There remain four Common Lodging Houses in the City, with accommodation for 158 lodgers; during the year the Inspectors have paid 233 visits to these; and 13 contraventions were noted and remedied; these related to dirty condition of bedroom floors and utensils (4), dirty condition of walls and ceilings (2), dirty condition of bedding and bedsteads (1) and foul and defective condition of water closets (6).

Generally the condition of these houses is much the same as when reported on in the previous year; at the largest one some improvements have been effected by the provision of a bath and additional lavatory and water closet accommodation.

No application has been received during the year for the registration of any other Common Lodging House.

Owing to the unsatisfactory position of the Common Lodging House question in this City, a Special Common Lodging House Sub-Committee of your Sanitary Committee has been formed. In 1907 that Sub-Committee reported concerning the condition of the Lodging Houses in Coventry both registered and unregistered; they also reported concerning municipal Common Lodging Houses in other towns and recommended that they should be instructed to prepare a scheme for a municipal lodging house in Coventry; this recommendation was accepted by your Sanitary Committee. During 1908 the Sub-Committee met three times, but I regret that there is little progress to record. A site was considered in Leicester Street; apart from the central position of this street, it was thought that an undertaking such as this might form the commencement of the very-much-to-be-desired widening of this thoroughfare; your General Works Committee was consulted as to the amount they would be prepared to contribute towards this improvement; and it was then found that the proportion which would be contributed by your General Works Committee was relatively so small, that the Common Lodging House scheme would be saddled with such a large amount on account of land, that the recommendation of a self-supporting scheme would be an impossibility. The position in which this question now is, is that your City Engineer has been instructed to enquire and report as to any other suitable sites which may come under his notice.

## HOUSES LET IN LODGINGS.

At the beginning of the year there were 11 such houses on the register; owing to an increase of somewhat undesirable houses for this purpose it has been found necessary to increase the number that are registered; in this way they come under the Byelaws affecting this class of house; there are now 21 such houses on the register. To these there have been paid 107 visits by the Inspectors; and 19 contraventions were found; these related to lime-washing (4), foul drains (4), foul and defective W.C.'s (5), defective floor (1), dirty yards (1), refuse in cellar (1), and registration (3).

These 21 houses contain 127 rooms, and accommodate 398 persons. In most cases the rooms have all been measured, and tickets have been issued specifying the number of persons allowed per room.

The occupiers of three houses (two public-houses with lapsed licences and another) were reported during the year to your Sanitary Committee for conducting their houses as Common Lodging Houses without being registered as such; pending the report of the Common Lodging House Sub-Committee, that Committee ordered that for the time these houses should be registered as houses let in lodgings.

Quite a number of houses of this type are at the present time being conducted as Common Lodging Houses without being registered as such, and therefore without coming under the Regulations affecting such houses; the position is therefore a very unsatisfactory one. It is to be hoped that some definite conclusion will be arrived at before long as to the policy which this Sanitary Authority proposes to adopt in this matter.

## Offensive Trades.

Attention being called during the year to the business of a dealer in hides and skins through complaints during the hot weather, the dealing company was called on to ask for permission to carry on the business; permission was asked for one year and this was granted; there being in the City one other business of this character, the owners of this have since been called on to obtain consent to the carrying on of the trade.

A representation was made by 10 inhabitants of the district—under section 114 of the Public Health Act, 1875—concerning a certain factory; this matter has been before the consideration of

your Sanitary Committee on various occasions, and the matter has been put into the hands of your Town Clerk to report on the question as to whether this section applies to these particular works.

A memorial was received from neighbouring residents concerning a certain factory in regard to smoke, noise and smells; an enquiry was instituted into the matter, but in the end it was thought that in no particular could there be said to exist a "public nuisance" which could be dealt with by your Sanitary Committee.

No application has been received for the starting of any new "offensive" trade.

### **Smoke Abatement.**

Inspector Clarke reports as follows:—

Number of occasions black smoke was found to be emitted				
from factory chimneys	...	...	...	46
Number of special observations	...	...	...	19
Number of chimneys found to be emitting black smoke in				
such quantities as to be a nuisance	...	...	...	14
Number of letters sent	...	...	...	2
Number of notices served	...	...	...	2
Number of cautions to Stokers	...	...	...	11

The offenders have invariably effected some improvement or abated the nuisance on receipt of caution or notice, as on enquiry it was usually found that the excessive smoke was due to preventable causes.

### **Sale of Food and Drugs Acts, 1875 to 1907.**

Mr. Clarke, the Inspector appointed under these Acts, reports as follows:—

"During the past year 215 samples of food and drugs were submitted to the Public Analyst, who certified 208 as genuine and 7 adulterated, this being the lowest rate of adulteration recorded during the past ten years.

The samples were collected in the following manner:—*Formal Samples*, purchased by Inspector, 17; purchased by Deputy, 142; *Preliminary Samples*, collected without the formalities prescribed by the Acts, 56. They consisted of new milk, 156; skimmed milk, 1; condensed milk, 6; butter, 38; margarine, 2; sweets, 3; bloater paste, 2; medicine prescriptions, 3; and one each of mustard, pepper, ginger, and compound liquorice powder.



Of the samples of new milk, four were deficient of fat to the extent of 19%, 13%, 9% and 7% respectively, whilst two other samples were deficient of non-fatty solids to the extent of 7% and 3% respectively. A sample purchased as skimmed milk was found to be new milk containing added water.

In one instance a prosecution was instituted for milk deficient of 13% of fat, the defendant being fined 2/6 and 8/6 costs, and the Analyst's fee 10/6. The vendors of other adulterated milk samples have been kept under observation and further samples submitted for analysis.

All of the samples of Butter were found to be genuine as regards their butter fat, but one contained 5% of water in excess of the prescribed limit. However, this excess was not beyond the amount disclosed on the wrapper at the time of purchase.

In compliance with the requirements of the Butter and Margarine Acts one application was received to register premises wherein the business of a wholesale dealer in Milk-blended Butter was carried on; also an application for the Registration of the premises of a wholesale dealer in Margarine and Margarine Cheese was received. Certificates were granted in each case, and copies forwarded to the Board of Agriculture.

The samples of medicine were submitted with the prescriptions from which they were compounded, and these were found to be accurately dispensed.

The samples of sweets were found to be free from deleterious matter.

The nature of each article and analytical results will be found on Pages 163 and 164 in the Summary of the Samples submitted."

### **Factory and Workshops Act, 1901.**

Section 132 of this Act is as follows :—" The Medical Officer of Health of every District Council shall, in his annual report to them, report specifically on the administration of the Act in workshops and work places, and he shall send a copy of his annual report, or so much of it as deals with the subject, to the Secretary of State."

Sixteen references were received from H.M. Inspector, and after being dealt with, a report to this effect was forwarded to him. These references are set out below in detail.

February 26th—Bakehouse.

“Smell from drains, unpaved yard, dirt treads in.”

*Observations.*

Yard re-paved, fowls removed, drain examined.

February 26th—Factory.

“One sanitary convenience for both sexes and for dwellers in yard ; also, this one stopped up and contents overflowing on to floor.”

*Observations.*

Obstruction of w.c. removed next day. Workshop now discontinued.

March 13th—Factory.

“Defective w.c. and insufficient w.c.’s.”

*Observations.*

Defective w.c. repaired. Insufficient w.c.’s referred to City Engineer.

March 3rd—Workshop.

“Dirty workshop.”

*Observations.*

Workshop limewashed.

March 5th—Factory.

“Sanitary conveniences for males and females together at entrance of house and no separate entrance.”

*Observations.*

Referred to City Engineer.

March 5th—Factory.

“Sanitary conveniences for men in insanitary condition, and flushed only at long intervals.”

*Observations.*

Conveniences are repaired and flushed more frequently.

June 6th—Workshop.

“Dirty workshop.”

*Observations.*

Has been cleansed.

June 6th—Workshop.

“Fumes from gas stove.”

*Observations.*

Funnel and flue provided for conveying fumes to external air.

June 16th—Factory.

“Sanitary conveniences for males and females have no screened entrances.”

*Observations.*

Use of w.c. re-arranged, and screen erected to the entrance of w.c. used by females.

September 17th—Factory.

“One w.c. only for males and females, situate in entrance gateway; no screen to entrance of w.c.”

*Observations.*

Communicated with Factory Inspector that the w.c. referred to is used only by 3 men employed, and that the 8 females use the w.c. in the house. No screen can be put in front of the w.c. without making the entrance gateway impassable for the hand-cart used.

October 1st—Factory.

“No w.c. for operatives.”

*Observations.*

W.C. constructed.

October 1st—Factory.

“W.C. in broken down condition, unfit for use.”

*Observations.*

W.C. repaired.

October 8th—Factory.

“Insufficient sanitary accommodation provided, *i.e.*, 3 w.c.’s for 100 hands (females).”

*Observations.*

Arrangements made by which an additional w.c. was allotted for the use of females.

October 15th—Factory.

“Women’s w.c. with badly drained entrance, in rainy weather water collects outside door.”



*Observations.*

Pavement outside w.c. relaid.

November 19th—Factory.

“Only one closet for both sexes.”

*Observations.*

Arrangements made for females to use w.c. at a house near Factory.

December 3rd—Workshop.

“Dirty state of same.”

*Observations.*

Workshop limewashed.

The work that has been done in connection with factories and workshops is probably best set out in tabular form. The official tables are here used for this purpose.

*Factories, Workshops, Laundries, Workplaces, and Homework.*

## I.—INSPECTION.

Including inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories .. .. . (Including Factory Laundries.)	124	38	0
Workshops .. .. . (Including Workshop Laundries.)	722	53	1
Workplaces .. .. . (Other than outworkers premises included in Part 3 of this Report.)	..	..	..
TOTAL .. .. .	846	91	1

## 2.—DEFECTS FOUND.

Particulars.	Number of Defects			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of cleanliness .. .. .	77	51	..	..
Want of ventilation .. .. .	1	1	..	..
Overcrowding .. .. .	..	..	..	..
Want of drainage of floors .. .. .	..	..	..	..
Other nuisances .. .. .	12	10	..	..
†Sanitary accommodation {	insufficient .. .. .	4	3	..
	unsuitable or defective..	90	50	..
	not separate for sexes ..	4	4	..
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of underground bake-house (S. 101) .. .. .	..	..	..	..
Breach of special sanitary requirements for bakehouses (SS. 97 to 100) .. .. .	55	52	..	..
Other offences .. .. . (Excluding offences relating to outwork which are included in Part 3 of this Report.)	..	..	..	..
Total .. .. .	243	171	..	..

\* Including those specified in Sections 2, 3, 7 and 8, of the Factory Act as remediable under the Public Health Acts.

† Section 22 of the Public Health Acts Amendment Act, 1890, has been adopted by the Council; the standard of sufficiency of sanitary accommodation for persons employed in factories and workshops usually followed is that of one w.c. for each 22 persons

OUTWORKERS' LISTS, SECTION 107.																				Outwork in Unwholesome Premises, Section 108.			Outwork in Infected Premises, Sections 109, 110.		
NATURE OF WORK.*	Lists received from Employers.							Addresses of Outworkers.‡		Notices served on Occupiers as to keeping or sending lists.	Prosecutions.		Inspections of Outworkers' premises.	Instances.	Notices served.	Prosecutions.	Instances.	Orders made (S. 110).	Prosecutions (Sections 109, 110).						
	Sending twice in the year.				Sending once in the year.			Received from other Councils.	For-warded to other Councils.		Failing to keep or permit inspection of lists.	Failing to send lists.													
	Lists.†	Outworkers.†		Lists.	Outworkers.																				
		Con-tractors	Work-men.		Con-tractors	Work-men.																			
1.	2	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.							
Wearing Apparel—																									
(1) making, &c.	6	2	35	6	4	16	..	6	51	..	..	41	2	1	..	..	..	..	..						
(2) cleaning and washing	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
Lace, lace curtains and nets	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
Artificial Flowers ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
Nets, other than wire nets	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
Tents ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
Sacks ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
Furniture and Upholstery..	2	3	15	1	3	5	..	..	3	..	..	25	1	1	..	..	..	..	..						
Fur pulling ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
Feather Sorting ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
Umbrellas, &c.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
Carding, &c., of Buttons, &c.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
Paper Bags and Boxes ..	2	..	43	..	..	..	..	..	1	..	..	43	..	..	..	..	..	..	..						
Basket Making ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
Brush making ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
Racquet and Tennis Balls ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
Stuffed Toys ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
File making ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
Electro-Plate ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
Cables and Chains ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
Anchors and Grapnels ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
Cart Gear ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
Locks, Latches and Keys ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
Pea Picking ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
TOTAL ..	10	5	93	7	7	21	..	6	55	..	..	109	3	2	..	..	..	..	..						

\* If an occupier gives out work of more than one of the classes specified in column 1, and subdivides his list in such a way as to show the number of workers in each class of work, the list is included among those in column 2 (or 5 as the case may be) against the principal class *only*, but the outworkers are assigned in columns 3 and 4 (or 6 and 7) into their respective classes. A footnote is added to show that this has been done.

† The figures in columns 2, 3 and 4 are the *total* number of the lists received from those employers who comply strictly with the statutory duty of sending *two* lists each year and of the entries of names of outworkers in those lists. The entries in column 2 must necessarily be *even* numbers, as there will be two lists for each employer—in some previous returns odd numbers have been inserted. The figures in columns 3 and 4 are (approximately) double of the number of individual outworkers whose names are given, since in the February and August lists of the same employer, the same outworker's name will often be repeated.

§ In view of the wide discrepancies found to exist between the totals in the two columns when the returns are added together, it is desired that care may be taken to give exact figures. Only those addresses are counted which have actually been received from or forwarded to other Councils during the year covered by the report.



## 4.—REGISTERED WORKSHOPS.

Workshops on the Register at the end of the year.	Number.
Bakers .. .. .	102
Confectioners .. .. .	5
Watch Makers .. .. .	110
Dressmakers .. .. .	177
Tailors .. .. .	51
Boot Makers and Repairers .. .. .	54
Milliners .. .. .	48
Joiners and Carpenters .. .. .	19
Cabinet Makers .. .. .	9
Cycle Repair Shops .. .. .	12
Ironmongers and Smiths .. .. .	10
Plumbers and Painters .. .. .	10
Gas Fitters and Bellhangers .. .. .	3
Pattern Makers and Brassfounders .. .. .	5
Motor Accessories .. .. .	2
Saddlers .. .. .	6
Tinworkers .. .. .	7
Picture Framers .. .. .	3
Laundries .. .. .	10
Box and Bag Makers .. .. .	3
Printers and Bookbinders .. .. .	3
Card Stampers .. .. .	2
Engravers, etc. .. .. .	1
Marine Store Dealers .. .. .	3
Coach Builders and Wheelwrights .. .. .	8
Various .. .. .	40
Total number of workshops on Register .. .. .	703

## 5.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133) .. .. .	3
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5) .. .. .	16
Notified by H.M. Inspector	
Reports (of action taken) sent to H.M. Inspector ..	16
Other .. .. .	0
Underground Bakehouses (S. 101) :—	
Certificates granted during the year .. .. .	0
In use at the end of the year .. .. .	0

As Section 22 of the Public Health Act Amendment Act is in force in this City, the Home Office Sanitary Accommodation Order of 1903, regulating the number of sanitary conveniences to be provided in factories and workshops, is not in force. In the absence of that Order the standard of conveniences which it has been customary to require is one W.C. to each 22 employees.

## BAKEHOUSES.

Number on Register, January, 1908	...	...	109
„ „ December, 1908	...	...	108
„ discontinued to be used during the year	...	...	2
„ of new Bakehouses opened	...	...	1
„ of changes of occupancy	...	...	3
„ of visits	...	...	289
„ of contraventions observed	...	...	55
„ „ remedied	...	...	52

### *The Contraventions related to :—*

Limewashing	...	...	...	44
Defective floors	...	...	...	4
Defective ceiling	...	...	...	1
Dirty approach to Bakehouse	...	...	...	2
Stable manure in close proximity to Bakehouse	...	...	...	4
				<hr/>
				55
				<hr/>

Plans have been examined for two new Bakehouses, one has been erected and the other is in course of erection.

## HOMEWORK.

Seventeen lists of outworkers have been received from fourteen firms in the City, notifying 68 outworkers employed. All of these have been visited by the Health Visitor, and some re-visited. The conditions found in the houses are usually satisfactory. One nuisance found was reported.

Considerable difficulty continues to be experienced in causing employers of outworkers to make the returns twice a year, that are called for by the Factory and Workshop Act.

### Shop Hours Acts.

Number of shops in which young persons were employed in 1907	...	...	...	131
Number of shops in which young persons were employed in 1908	...	...	...	125
Number of inspections	...	...	...	175
„ „ Contraventions observed	...	...	...	22
„ „ Shops added to the list during the year				10
„ „ Shopkeepers who ceased to employ young persons during the year	...			16
„ „ Complaints received as to young per- sons being employed beyond the time limit	...	...	...	0

### Seats for Shop Assistants Act.

Number of shops visited where females were employed	...	...	30
„ „ „ in which three or more female assistants were employed...			18
„ „ contraventions observed	...	...	0

### Sanitary Prosecutions.

As usual the occasions when it was necessary to take legal proceedings were comparatively few in number. The particulars of these are set out in the table on page 158.

The appeal to Quarter Sessions against the refusal of your Sanitary Committee to renew the annual licence of a slaughter-house was heard on January 2nd, and was referred to in my last Annual Report; in three cases proceedings were taken against persons failing to register as milk-sellers; in five instances proceedings were taken on account of non-compliance with notices requiring the abatement of overcrowding; three others for non-compliance with nuisance notices; one application was made for the compulsory closing of a well; three times it was necessary to apply for ejectment orders on account of persons continuing to occupy a house concerning which a closing order had been made. One application was made on behalf of an owner of 2 closed houses for the rescinding of the order, and as satisfactory repairs had been effected, the application was not opposed; five times proceedings were taken against persons for making false declara-



tions under the Swine Fever Order, 1894. Only one case was taken for selling adulterated food, in that case milk; and one case related to the exposing for sale of diseased meat.

### **Diseases of Animals Act and Orders of the Board of Agriculture.**

The carrying out of this Act and Orders is allocated to the Health Department, and as they are in no direct way related to the health of the inhabitants, encroachments are made on the time of a limited staff of inspectors, time which could be spent more usefully. In most districts this work is under the supervision of the Police.

Inspector Clarke, the Inspector under this Act, furnishes the following information :—

#### **SWINE FEVER.**

“ Five suspected outbreaks of this disease were investigated, two of which were verified by the Veterinary Staff of the Board of Agriculture. Although the amount of time absorbed with respect to outbreaks has been less than hitherto, this has been more than made up for by the additional time taken up in giving effect to the preventive measures introduced in the Regulation of Movement Order, 1908. Since this Order has been in operation 1,055 licences and duplicates have been issued for the movement of Swine from Markets and Sales within the City, and 918 duplicates of licences have been received concerning swine moved into the City from Markets and Sales in the County. In most cases it was found necessary to follow up these licences to the place of destination mentioned therein, to enforce compliance with the conditions of movement with respect to isolation, detention, and slaughter.

Magisterial proceedings were instituted in five instances for making false declarations concerning the movement of swine, and fines ranging from £5 to 5s., were inflicted in four cases, the fifth being dismissed.

The periodical cleansing and disinfecting have been carried out at the Market and Sale Yards, in accordance with the requirements of the Order.

#### **ANTHRAX.**

Two suspected outbreaks were investigated, but were not verified as Anthrax.

### PARASITIC MANGE.

There has been no case of this disease reported during the year.

### SHEEP SCAB.

There was no case of Sheep Scab observed by the Veterinary Inspector at the Markets or Sale Grounds.

### GLANDERS.

One suspected case of Glanders was investigated but not verified, the suspected symptoms being due to injury and not disease.

### SHEEP DIPPING ORDERS.

After the experience of last year the Board made certain alterations in the Order introduced in 1907, and issued a new Order dated April, 1908, which was duly published in the prescribed manner, and circulars posted to farmers and others concerned. The new Order appears to be more satisfactory in every respect than the one it supersedes, inasmuch as it can be enforced without undue interference with the trade in sheep.

During the prescribed dipping period 204 declarations were received at the Sale grounds. In two instances it was found necessary to issue detention notices for non-observance of the Order with respect to Annual Returns after the dipping period."

## **Canal Boats.**

Inspector Clarke, the Inspector under the Canal Boats' Acts, furnishes the following information on this subject:—

"The steps taken by the Sanitary Authority to give effect to the Acts and Regulations are indicated by the following information:—

Total number of boats on the Register ...	...	297
„ „ „ registered during year ...	...	5
„ „ „ visits to canal ...	...	38
„ „ „ boats inspected ...	...	109
„ „ „ persons for which the Cabins were registered ...	...	342
„ „ „ persons occupying the Cabins ...	...	301
„ „ „ boats contravening the Regulations		16
„ „ „ complaint notes issued ...	...	3
„ „ „ legal proceedings instituted ...	...	0

*Nature of Infringements :—*

Absence of certificate ... ..	8
Certificate not identifying owner with boat ...	1
Marking ... ..	1
Overcrowding ... ..	1
Painting ... ..	4
Dilapidations ... ..	2

The Cabins of the boats plying in this district were, on the whole, found to be kept in a satisfactory condition.”

**Water Supply.**

Your Waterworks Engineer kindly informs me that during the twelve months 692,109,814 gallons of water have been supplied from the public sources to your City; of this, 352,393,978 gallons were supplied from Spon End, 264,715,836 gallons from Whitley, and 75,000,000 (during the quarter ending December 31st) from Shustoke. He also informs me that 199 new services have been laid on to buildings, and supply 1,091 houses and 37 other buildings; guarantees have been received from 379 completed houses and 30 various, in which are included the following fittings :—539 water closets and 138 baths.

This gives an average consumption of 21 gallons per head per day. The comparison of this figure with that of previous years is given below :—

	Amount supplied per day.	Estimated popu- lation served.	Amount per head per day.
1897 ...	1,420,000 gals.	... 61,234	... 23 gals.
1898 ...	1,577,207 „	... 61,555	... 25 „
1899 ...	1,723,926 „	... 61,796	... 27 „
1900 ...	1,896,106 „	... 62,037	... 30 „
1901 ...	1,649,292 „	... 62,200	... 25 „
1902 ...	1,670,749 „	... 67,330	... 25 „
1903 ...	1,678,461 „	... 72,550	... 23 „
1904 ...	1,633,098 „	... 75,250	... 21 „
1905 ...	1,775,229 „	... 78,917	... 22 „
1906 ...	1,913,430 „	... 82,600	... 23 „
1907 ...	1,873,153 „	... 85,800	... 21 „
1908 ...	1,896,191 „	... 90,000	... 21 „



During the year the works were completed for connecting up your high-level reservoirs at Coundon with the Birmingham waterworks at Shustoke, enabling this City—in accordance with the provisions of the Act obtained in 1907—to obtain an additional supply of water from this source; the provisions of the Act enable this City to obtain a minimum daily supply of 800,000 gallons, and a maximum of two million gallons. This supply was formally opened on September 17th, and a regular supply has been obtained since October 1st.

The results of the periodical analyses which have been made of the various sources of the public water supply are shown in the accompanying table.

Regular bacteriological examinations are also made; at the present time these are monthly in the case of the Shustoke water, and quarterly in the case of the Whitley water.

During the year both of these kinds of examination gave results which indicated that the water supply of this City was satisfactory.

I am given to understand that the question of covering in the tank at Spon End is still under consideration.

## Results of Analysis expressed in parts per 100,000.

## WHITLEY WATERWORKS.

Date of Receipt of Sample.	Free and Saline Ammonia.	Organic Ammonia.	Chlorine in Chlorides.	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Hardness.			Remarks.
							Temporary.	Permanent.	Total.	
1908.										
Jan. 7	0.001	0.002	3.9	0.55	0.010	68.0	4.22	24.00	28.22	Bright, few small particles
Feb. 26	0	0.002	3.9	0.55	0.005	64.0	4.10	24.10	28.20	" " " "
Mar. 18	0	0.002	3.9	0.55	0.010	64	4.38	24.04	28.42	Pretty clear, many small particles
April 8	0	0.002	3.9	0.66	0.007	63	4.02	24.00	28.02	
May 13	0	0.002	3.8	0.66	0.010	62	4.20	24.02	28.22	Pretty clear
June 10	0	0.002	4.2	0.45	0.007	64.0	2.22	29.04	31.26	
July 8	0	0.002	3.9	0.77	0.012	64	5.40	25.0	30.40	Bright, many small particles
Aug. 14	0	0.002	4.0	0.66	0.003	67.0	5.44	25.00	30.44	Pretty clear, " "
Sept. 5	0	0.004	3.9	0.55	0.005	66.0	3.04	26.0	29.04	[green particles.
Oct. 6	0	0.005	2.2	0.33	0.002	50	1.96	16.28	24.24	Pretty clear, many small
" 17	0	0.002	4.0	0.66	0	66	7.90	24.60	32.50	" " many small do.
Nov. 7	0	0.002	4.0	0.55	0.010	64	8.44	24.40	32.84	Rather turbid, more so than
Dec. 4	0	0.010	3.7	0.66	.003	61	5.14	24.98	30.12	Turbid usual

## DOEBANK WELL, SPON END.

1908.										
Jan. 10	0.001	0.003	2.2	0.33	0.010	54.0	8.92	17.68	26.60	Pretty clear, many small particles
April 8	0	0.003	2.4	0.33	0.002	54	8.02	17.98	26.00	
July 8	0.001	0.003	2.2	0.44	0.002	51	9.32	17.88	27.20	Bright, few small particles
Oct. 6	0.001	0.001	2.6	0.44	0.010	64	4.30	19.60	23.90	Pretty clear, many small particles

## TANK, SPON END.

1908.										
Jan. 7	0	0.002	1.9	0.44	0.010	50.0	9.12	17.20	26.32	Pretty clear, many small particles
April 8	0.001	0.001	2.2	0.33	0.002	46	8.18	18.22	26.4	
July 8	0	0.002	2.1	0.33	0.002	45	9.12	17.54	26.68	Bright, many small particles
Oct. 6	0.001	0.001	4.1	0.55	0.004	74	6.90	27.80	34.70	Pretty clear, " "

## SHUSTOKE.

1908.											
Sep. 11	0	0.01	2.15	0	0.063	24.0	4.90	9.60	14.50	No. 1 Filter	Clear
do.	0.0014	0.008	2.15	0	0.04	23.0	4.52	9.82	14.34	No. 2 "	Filtration good
Oct. 8	0	0.008	2.1	trace	0.041	26	2.36	9.14	11.50	No. 3 "	Clear, greenish blue in colour.
do.	0	0.010	2.1	trace	0.064	26	2.30	9.20	11.50	No. 4 "	Filtration not quite so good as No. 3
Nov. 6	0	0.009	2.1	trace	0.054	26	2.52	9.20	11.72	No. 3 "	Clear. Filtration rather better than No. 4
do.	0	0.011	2.0	trace	0.049	27	2.46	9.24	11.70	No. 4 "	Clear
Dec. 16	trace	0.012	2.1	trace	0.023	24.0	2.26	9.14	11.40	No. 3 "	Filtration good
do.	0.0005	0.012	2.1	trace	0.018	25.0	2.12	9.30	11.42	No. 4 "	Colour—slightly yellowish green

### Private Water Supplies.

The number of houses which continue to obtain their water supply from surface wells has been rapidly diminishing during the past few years; in many instances this takes place without any pressure from the Health Department. Where for any reason it appears likely that the private supply may not be satisfactory, a sample of the water is taken and submitted to analysis, and where found necessary pressure is exerted to cause the public supply to be laid on. During last year samples were taken from 11 private wells, and 5 of them were found to be unfit for drinking purposes; notices were served on the owners asking that the public supply should be laid on.

In one case where the notice was not complied with, an application was made to the Magistrates for a closing order against the well and this was obtained.

### Insufficient Water Supply in Courts.

Whenever it is found that a larger number than eight houses have between them only one water tap, I forward an intimation of this fact to the City Engineer; the standard of eight houses to one tap is one which has been fixed by your Sanitary Committee, as one below which they will not regard the supply as a proper one; the standard is one which cannot be said to be too exacting; during the year I have forwarded to your City Engineer 5 instances where this standard was not attained; in these cases your City Engineer reports the matter to your Sanitary Committee; by the wording of the Public Health Act, the report to that Committee has to be made by the Surveyor; and when reported, your Committee have made the necessary order for the supply of the requisite number of taps.\*

### Refuse Removal.

Your City Engineer has kindly informed me that the following amount of house refuse has been removed during the year:—

	Cubic yards.		Cart loads.
Ashpit refuse removed	5,964	=	2,982
Ashbin „ „	43,863	=	21,932
	<hr/>		<hr/>
	49,827	=	24,914

\* Since this was written the standard has been raised to one tap to four houses.



In 1907 the amount was as follows:—

	Cubic yards.		Cart loads.
Ashpit refuse removed	6,734	=	3,367
Ashbin     ,,     ,,	41,112	=	20,556
	<hr/> 47,846	=	<hr/> 23,934

The ashpit refuse is gradually diminishing, corresponding to the gradual disappearance of the old-fashioned deep ashpit.

During the year a scheme for the erection of a refuse destructor was approved by your Council, and sanction to the necessary loan has since been received from the Local Government Board.

### **Sewage Disposal.**

The sewage of the City is disposed of by broad irrigation on the Sewage Farm at Baginton; to reach that farm it has to be pumped at the pumping station at Whitley. I am given to understand that the primary function of the farm, the production of a good effluent, has been fairly satisfactorily performed, but that owing to the unprecedented growth in the size of the City the Sewage Committee have in hand some experiments in regard to the installation of a bacterial system to supplement the farm.

### **Health Visitor.**

A Lady Health Visitor (Miss Strover) was appointed by your Council, on the recommendation of your Sanitary Committee. Miss Strover commenced her duties on February 21st, 1906.

The duties attached to this office are set out below:—

#### *Duties of Health Visitor.*

1. Visits to poorer houses where births have occurred, to instruct mothers in regard to the feeding and care of infants.
2. Inspection of Workshops employing female labour.
3. Visits in connection with infectious or other diseases.
4. Visits to houses in regard to cleanliness, etc.
5. Visits under the Midwives Act.
6. Visits under the Shop Hours' Acts, and Seats for Shop Assistants' Act.
7. To act under the direction of the Medical Officer of Health, and perform any other duties he may require.

It would appear invidious to single out one official of a department, to set out her work separately. The only reason which would seem to favour this course is the fact that Health Visitors are comparatively modern additions to Health Departments; their appointment is not compulsory, and most of the duties which they perform are not obligatory on the Authority. It is probably on this account that I have often been asked the question, and sometimes by members of your Council, as to what the Health Visitor does. Therefore I have set out the stipulated duties above, and am here reporting on them individually: —

1. Visits in regard to births; these have been spoken of under the heading of Infantile Mortality on page 35.

2. Inspection of workshops where females are employed; 238 visits to these have been paid by Miss Strover during the year; 3 premises were found to require cleansing and were referred to the Inspectors.

Visits to outworkers are dealt with under the Factory and Workshop Act, on page 139.

3. Visits concerning infectious disease have mostly related to notifications received from schools; these have been referred to in the report concerning schools on page 98. Owing, however, to the fact that the work of the Health Visitor has been growing, very much of this work has had to be neglected; it was on this account that I recommended in my report on the medical inspection of school children of January 30th, which was distributed to the members of your Council, that one Health Visitor in connection with that scheme should be provided by your Sanitary Committee; that report was accepted by your Education and Sanitary Committees, but not by your Council; the question of the appointment of a further Health Visitor has been before your Sanitary Committee on two subsequent occasions, and is now adjourned pending the provision of further office accommodation for the Department.

4. Miss Strover reports that she has paid 386 miscellaneous visits in respect to overcrowding, apparently neglected homes and children, suspected cases of illness, births heard of prior to being registered, inspection of public female lavatory accommodation, and enquiries of various sorts for me.

In connection with these she has made out references to the Inspectors concerning 105 nuisances, and 101 dirty houses; and

she has repeatedly visited 54 houses found to be neglected by the tenants.

5. Work in connection with the Midwives' Act is dealt with under that Act on page 47.

6. Twenty-seven visits were paid by the Health Visitor to shops employing female assistants, to ascertain whether the Shop Hours Acts were being complied with; four were found not to have the required "Notice."

7. At my request Miss Strover has visited 24 cases of children suffering from defective sight, and two with sore heads, and the parents were urged to obtain proper medical treatment for the children; these visits were in connection with school children.

In all, Miss Strover reports that her total number of visits for the year amounted to 3,273.

### References to other Departments.

These included 221 references to the City Engineer, 110 to the Waterworks Engineer, and 313 to the Head Teachers of Schools.

The character of the references to the City Engineer is set out in the following table :—

Unauthorised erections	...	...	...	19
Dangerous buildings and chimneys	...	...	...	8
Dangerous condition of roads and pavements	...	...	...	5
Foul gullies in courts	...	...	...	22
Foul and defective street gullies	...	...	...	54
Complaints of stench from open manhole covers				
to sewers	...	...	...	22
Foul and obstructed sewers	...	...	...	12
Ashpits and ashbins requiring emptying	...	...	...	55
Privies and cesspools requiring emptying	...	...	...	10
Offensive ditches or open sewers	...	...	...	2
Accumulations of manure, refuse, etc.	...	...	...	3
Premises improperly used as dwellings	...	...	...	1
Insufficient w.c.'s at factories	...	...	...	2
Foul public urinals	...	...	...	4
Insanitary condition of Market Square	...	...	...	1
Wanton destruction of dustbins	...	...	...	1



The references to the Waterworks Engineer dealt with such matters as waste of water from taps and cisterns.

References to the Head Teachers of Schools have related to children who have suffered from infectious disease, or who lived in houses where infectious disease was present.

### **House Drainage.**

Probably many will agree that there are points of weakness about the modern system of house drainage, with its numerous interceptors, manhole covers that are not always air-tight, and so-called air "inlets" and "outlets." A system that presents no objections has yet to be devised, and is perhaps unattainable. In relation to this subject I presented the following report to your Sanitary Committee on November 21st:—

#### **THE INEFFICIENCY OF INTERCEPTING CHAMBERS.**

"It has so frequently happened that an examination of the drainage arrangements of houses in this City has shown that the intercepting traps are not acting as interceptors on account of the looseness or absence of the plugs to the cleansing arms, that I have recently caused to be made, with Inspector Clarke's assistance, a systematic examination of the intercepting chambers of 1,000 dwelling houses situated in various parts of the City, that have been erected during the past three years. The results obtained are very interesting, and also very important.

The examination shows that in 139 cases the plugs of the cleansing arms were loose, and in 71 cases they were entirely absent, that is, that in 210 instances out of the 1,000, or in 21 per cent., the intercepting traps were in no way intercepting the sewer air from the drains, which is their primary function. I consider that the fault lies in the imperfection of the form of interceptor adopted. The present form of interceptor is that which has been officially recognised and approved of by the Model Bye-Laws of the Local Government Board. While it is so approved it would scarcely be possible for a Local Authority to disapprove of it.

The whole question of intercepting traps between the drainage system of a house and a sewer is a very debatable one; there are, in fact, many reasons for urging that the large amount

of money expended in these intercepting chambers is wasted in the provision of an arrangement which often does more harm than good; it is therefore to be welcomed that the Local Government Board has recently appointed a Departmental Committee to inquire and report with regard to the use of intercepting traps in house drains.

I have communicated the above figures to the City Engineer, and suggested that the Building Inspector should give his attention to the condition of the plug to the cleansing arm in his final examination of every newly completed house.

In regard to the examination which has recently been locally conducted into this matter, it was found that in 48 instances the intercepting traps were foul and obstructive, and there are reasons for urging that the intercepting trap is itself a predisposing factor in the cause of obstructions. In 13 cases the covers were broken and defective."

This report your Sanitary Committee referred to your General Works Committee, so that if it were possible by any increased attention on the part of the Building Inspector to lessen these defects it might be done. From the figures given I think it may be concluded that our present model system of drainage of houses is by no means perfect.

### **Pantry Accommodation.**

The fact that certain newly-built houses contained no pantry accommodation was brought before the attention of your Sanitary Committee; the absence of proper pantry accommodation in older houses has for years been dealt with by your Health Department, either as a "nuisance" or as one of the defects for which a house might be condemned as unfit for habitation; it appears that there is no provision in the building bye-laws which enables your Council to insist on this provision; in order to strengthen the hands of your General Works Committee in this matter, your Sanitary Committee passed a resolution that they would regard such a defect as a nuisance; on a builder being informed of this at the time of the consideration of his plans, he would have no cause of grievance if immediately on the occupation of his house he found it being dealt with by a Committee other than that which passed his plans.

## The Inspection of the District and the Sanitary Staff.

That portion of the work of the Health Department connected with nuisances in and around dwellings can best be set out in tabular form. The figures in relation to these matters for the year are as follows :—

Particulars of work carried out under the supervision of the Public Health Department during 1908 :—

### DRAINAGE AND PAVEMENT.

Drains opened and cleansed from obstruction	...	711
Drains provided with efficient traps	... ..	376
New drains, inspection and intercepting chambers provided	... ..	252
Drains relaid	... ..	280
Sink drains disconnected from sewer	... ..	11
Drains tested	... ..	807
Soil pipes and ventilating shafts provided or improved	... ..	94
Courts and back yards paved and repaired	...	178

### DWELLINGS.

Floors of dwellings relaid or repaired	... ..	332
Dilapidated walls and ceilings repaired	... ..	230
Damp walls—damp courses inserted	... ..	48
Roofs repaired and made weatherproof	... ..	183
Dangerous stairs repaired	... ..	37
Additional windows provided and others made to open	... ..	72
Defective spouts repaired	... ..	185
Pantry ventilation improved	... ..	58
New sinks provided	... ..	46
New waste pipes provided and others repaired	...	36
Foul cellars cleansed and defects in drains remedied		19
Houses limewashed and cleansed	... ..	500
Houses limewashed after infectious disease	... ..	149
Cases of overcrowding dealt with	... ..	50

### WATER CLOSETS AND URINALS.

Additional water closets provided	... ..	46
Water closets reconstructed	... ..	36



Water closets repaired and limewashed ...	...	519
Water closets provided with new basins and traps		277
Defective joints in flush pipes repaired ...	...	79
Foul w.c. basins and traps cleansed ...	...	257
Defective w.c. cisterns repaired ...	...	213
New flushing cisterns provided ...	...	177
Urinals cleansed and reconstructed ...	...	53
Urinals abolished ...	...	17

## PRIVIES, ASHPITS, AND DUSTBINS.

Offensive privies and pail closets converted into w.c.'s ...	...	69
Offensive privies and pail closets abolished ...		44
New w.c.'s erected in place of above ...	...	56
Offensive ashpits abolished ...	...	74
Sanitary dustbins provided in place of above ...		106
Other houses provided with sanitary dustbins ...		619

## VARIOUS.

Smoke nuisances dealt with ...	...	46
Nuisances from animals kept abated ...	...	68
Offensive accumulations removed ...	...	141
Courts and back yards cleansed by tenants ...		177
Gipsy tents and vans removed ...	...	49
Water supply—additional taps provided ...	...	19
Miscellaneous ...	...	223

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Total ... 8,019

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So far as the work is capable of tabulation, the number of visits and other work involved is shown in the following table:—

Number of visits to premises ...	...	23,982
Number of notices issued ...	...	2,180
Number of letters issued ...	...	1,643
Number of summonses issued for non-compliance with notice to abate nuisance ...	...	8
Number of nuisances remaining unabated ...		0
Number of registered premises under supervision (not including workshops) ...	...	377
Number of visits paid to registered premises ...		3,211

Some amount of progress has been possible during the year in the matter of the systematic inspection of houses; this includes a thorough examination both internally and externally of the houses inspected. This is the work which unfortunately becomes neglected when other more pressing matters arise. Two hundred and ninety-four houses have in this way been inspected, situated in the following wards:—Grey Friars, Hearsall, Bablake, and Swanswell.

For many years I have had in mind the desirability of establishing a card index of the sanitary condition of all the houses in the City; but I have hesitated to attempt its initiation on account of the clerical work which it would entail; the clerical assistance, which the Department has, has been so limited, and for years so overworked, that I have desisted from this very desirable innovation.

In November last I employed the Assistant Inspectors' time in obtaining a census of the unoccupied houses of the City; the results of this census are given elsewhere.

One hundred and twenty-two cases of alleged overcrowding were investigated; the actual cases of overcrowding found are referred to elsewhere.

Owing to the great importance of the best hygienic conditions prevailing at the Coventry and Warwickshire Hospital, I have, at the request of the Committee of that Institution, carried out a periodical sanitary survey of the hospital; the sanitary arrangements are in this way, I think, kept in a fairly satisfactory condition. Owing, however, to the great increase in the size of the town, there is a great tax on the accommodation of the hospital, and, so far as the in-patients are concerned, it has been found impossible to provide that amount of air-space per patient which is requisite; a larger amount of ward space is required.

Following on representations of this Department, extensions took place in the sewerage systems of Red Lane and Stoke Row.

The summary of the Inspectors' work for the year shows a very considerable increase on that of the previous year, there being an increase of 3,455 in the total number of visits, and of 2,850 in the items dealt with. The particulars of these various matters are given in the accompanying tables.

# Summary of Inspector's Work.

IN CONNECTION WITH THE SUPPRESSION OF NUISANCES FOR THE PAST TEN YEARS.

	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	Total for 10 years.
No. of drains opened and cleansed from obstruction	87	157	169	124	208	208	278	299	266	711	2,507
" drains provided with efficient traps	257	246	374	350	247	371	373	306	244	376	3,144
" new drains provided to premises	19	33	15	307	360	194	398	370	410	532	2,638
" sink drains disconnected from the sewer	8	42	37	18	11	13	16	10	5	11	171
" new sinks provided and others repaired		56	48	42	21	62	69	31	14	82	425
" floors and walls of houses repaired		295	298	228	320	308	193	270	239	647	2,798
" roofs of houses repaired and made weatherproof		104	67	130	130	163	86	118	85	183	1,066
" defective spouts repaired		63	65	133	138	147	123	131	79	185	1,064
" houses limewashed and cleansed		721	301	271	317	325	345	509	329	500	4,040
" houses cleansed after infectious disease	422	174	623	228	222	125	152	118	143	149	2,049
" offensive privies or pail closets converted into water closets	17	42	8	62	122	211	223	183	43	69	980
" offensive privies and pail closets abolished		81	62						119	44	306
" new water closets erected in place of above									109	56	165
" additional new water closets provided	71	61	54	177	188	108	76	68	44	46	893
" water closets provided with new cisterns		91	31	63	91	46	40	29	54	177	622
" " " new basins and traps		105	85	138	166	115	150	128	114	277	1,620
" foul water closet drains cleansed	342	302	254	395	321	293	433	519	263	257	3,037
" defective W.C. cisterns, etc., repaired		369	159	389	216	184	195	167	141	292	2,112
" offensive ashpits abolished		274	236	171	188	210	159	106	106	74	1,958
" sanitary dustbins provided in place of the above	434	723	539	327	448	405	330	208	292	106	4,079
" " " to other premises	436	423	408	490	176	152	123	180	388	619	3,395
" urinals cleansed, repaired and reconstructed	14	19	25	30	24	27	34	25	29	70	297
" courts and backyards paved and repaired	64	48	68	101	182	176	183	145	85	178	1,230
" nuisances from animals kept, abated	28	16	45	78	92	99	113	115	59	68	713
" accumulations of manure, etc., removed	27	39	43	29	44	64	63	116	126	141	692
" smoke nuisances dealt with	23	25	20	23	22	39	26	42	96	46	362
" cases of overcrowding dealt with	25	15	11	6	31	23	23	44	18	50	246
" vent and soil pipes removed or replaced and miscellaneous sanitary improvements effected	73	93	613	309	170	1406	1528	1,839	1,269	2,073	9,373
	3,163	4,617	4,658	4,619	4,455	5,474	5,732	6,076	5,169	8,019	51,982



# Summary of other Miscellaneous Work

FOR THE PAST TEN YEARS.

	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908
No. of visits and re-visits to premises ...	12,805	23,275	19 244	18,039	17,244	15,491	17,729	21,856	20,527	23,982
„ notices issued for abatement of nuisances ...	1,612	2,957	2,966	2,023	2,285	1,566	1,354	1,367	1,651	2,180
„ letters „ „ „	330	392	402	462	467	327	1,118	1,279	1,831	1,643
„ summonses issued for non-compliance with notices served to abate nuisances ...	5	12	5	4	0	4	5	0	1	8
„ nuisances remaining unabated after expiration of notice ...	10	9	6	32	36	25	29	23	12	
„ registered premises under supervision ...	349	377	388*	278	296	319	333	329	333	377
„ visits paid to registered premises...	1,291	1,863	1 310	1,334	1,516	2,216	2,305	2,311	2,546	3,211
„ references to City Engineer ...	1,148	910	782	699	648	532	397	233	335	219
„ references to Water Engineer ...	79	236	178	227	138	103	165	119	143	110
„ references to Education Department ...						365	365	532	399	313
„ drains tested ...		32	65	113	414	438	432	524	396	807

\* After this date the bakehouses are not included, being classed as workshops.

Early in the year Assistant Inspector Shelley resigned, on his obtaining a better appointment elsewhere, and Mr. Jenner was appointed in his place; during the writing of this report another Assistant Inspector has resigned on his obtaining a better appointment at Bath. We have here a sliding scale of salaries for the Assistant Inspectors, but I have before pointed out that this scale is not sufficiently elastic to induce the better men to remain; although on advertising a vacancy a large number of candidates present themselves, the salary is insufficient to attract those who have had a good experience; and for the first year or so of his time the services of such an Assistant are at a discount; it is not an economy to allow the Department to be a training ground for Inspectors for other districts.

The comparison of the tabulated work with that of previous years is set out in the tables on pages 155 and 156.

It must be unnecessary for me to add that the preparation of this report, with such a considerable amount of statistical material, would have been impossible in the time without the unsparing assistance of an assiduous clerical staff, and to their help I am indebted.

I am appending to this Report a list of the Magisterial Proceedings which have been necessary during the year, an extended schedule of the ages at, and causes of death, a return of the samples taken under the Food and Drugs Acts, and a copy of the report of the delegates to the Annual Congress of the Royal Institute of Public Health. There is also a map showing the distribution of those cases of Scarlet Fever, Typhoid Fever, and Diphtheria which have been notified during the year.

I am, Mr. Mayor and Gentlemen,

Your obedient servant,

E. H. SNELL,

Medical Officer of Health.

Public Health Department,

Coventry,

March 30th, 1909.

## MAGISTERIAL PROCEEDINGS, 1908.

No. of Cases.	Complaint.	Result.	Total Costs.		
			£	s.	d.
1	Appeal to Quarter Sessions for renewal of Slaughter-house license ...	Appeal dismissed with costs	34	4	0
2	Failing to register as Milkseller ...	Fined 10/- and costs ..	18	6	
3	" " " ...	Defendant left the town. Summons adjourned indefinitely ...			
4	" " " ...	Summons withdrawn on payment of costs ..		5	0
5	Selling adulterated milk ...	Fined 2/6 and costs ..	1	1	6
6	Non-compliance with notice to abate Overcrowding ...	Tenant left house before Summons served. Case withdrawn ...			
7	" " " ...	Adjourned for 14 days for Tenant to abate nuisance. Nuisance abated			
8	" " " ...	Order made to abate nuisance within 14 days ...			
9	" " " ...	" " " "			
10	" " " ...	No order made. Nuisance abated prior to hearing of case.			
11	Non-compliance with notice to abate nuisance, defective pavement ...	Order made to abate nuisance within 21 days.		6	0
12	Ditto, Pantry ventilation ...	" " " "		6	0
13	Ditto, defective pavement ...	" " " "		6	0
14	Ditto, polluted well ...	Closing order made and order to pay costs ...		7	0
15	Continuing to occupy house for which a closing order had been made ...	Ejectment order made ...			
16	" " " ...	" " " "			
17	" " " ...	" " " "			
18	Application for rescinding of closing orders ...	Application granted ...			
19	Exposing diseased meat for sale ...	Fined £20 and costs ..	21	15	6
20	Refusing to admit Inspector into Workshop ...	Case dismissed ...			
21	Breach of Local Authorities Regulations under Swine Fever Order, 1894. Making false declaration ...	Fined £5 and costs ..	6	2	6
22	" " " ...	Fined £1 and costs ..	2	0	6
23	" " " ...	Fined 5/- and costs ...	1	5	6
24	" " " ...	Fined 5/- and costs ...	1	0	6
25	" " " ...	Case dismissed ...			



## EXTENDED SCHEDULE OF AGES AND CAUSES OF DEATH, YEAR 1908.

No.	Diseases.	Ages.													All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
1	Small-pox—														
	(a) Vaccinated .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Unvaccinated .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) No Statement .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2	Measles .. ..	..	2	1	..	..	..	..	..	..	..	..	..	..	3
3	Scarlet Fever .. ..	1	4	2	..	..	..	..	..	..	..	..	..	..	7
4	Typhus Fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5	Epidemic Influenza .. ..	..	..	..	..	..	..	..	..	..	1	2	..	2	5
6	Whooping Cough .. ..	12	8	..	..	..	..	..	..	..	..	..	..	..	20
7	Diphtheria .. ..	1	4	1	1	..	..	..	..	..	..	1	..	..	8
8	Enteric Fever .. ..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
9	Asiatic Cholera .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10	Diarrhœa, Dysentery .. ..	6	2	..	..	..	..	..	..	..	..	..	..	..	8
11	Epidemic Enteritis .. ..	27	11	..	1	..	..	..	..	..	..	..	..	..	39
12	Other Allied Diseases .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
13	Hydrophobia .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14	Glanders .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15	Tetanus .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
16	Anthrax .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
17	Cowpox .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18	Syphilis .. ..	2	..	..	..	..	..	..	..	..	..	..	..	..	2
19	Gonorrhœa .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20	Phagedæna .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
21	Erysipelas .. ..	..	..	..	..	..	..	..	..	..	..	..	3	..	3
22	Puerperal Fever .. ..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
23	Pyæmia .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
24	Infective Endocarditis .. ..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
25	Other Allied Diseases .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Acute Septicœmia Cellulitis														
	of Neck .. ..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
25a	Cebro Spinal Meningitis .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
26	Malarial Fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
27	Rheumatic Fever .. ..	..	..	..	..	..	..	..	..	1	..	1	..	..	2
28	Rheumatism of Heart .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
29	Tuberculosis of Brain .. ..	3	11	5	..	3	..	..	2	..	..	..	..	..	24
30	Tuberculosis of Larynx .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
31	Phthisis .. ..	..	..	2	..	11	21	30	29	17	6	4	..	..	120
32	Abdominal Tuberculosis .. ..	1	3	2	..	..	..	1	1	..	..	..	..	..	8
33	General Tuberculosis .. ..	1	3	1	..	..	..	1	1	..	..	..	..	..	7
34	Other forms Tuberculosis .. ..	..	..	1	..	..	..	1	..	..	..	..	..	..	2
35	Other Infective Diseases .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
36	Thrush .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
37	Actinomycosis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
38	Hydatid Diseases .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
39	Scurvy .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40	Other Diseases due to Altered Food .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS ..		54	48	16	3	14	22	34	34	18	7	8	3	2	263

No.	Diseases.	Ages.													All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
41	Acute Alcoholism .. ..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
42	Chronic Alcoholism .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
43	<i>Chronic Industrial Poisonings</i> ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
44	<i>Other Chronic Poisonings..</i> ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
45	Osteo-arthritis .. ..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
46	Gout .. ..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
47	Cancer .. ..	..	..	..	..	..	..	2	7	22	22	22	8	..	83
48	Diabetes Mellitus .. ..	..	..	..	1	..	..	..	..	1	1	4	1	..	8
49	Purpura Hæmorrhagica .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50	Hæmophilia .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
51	Anæmia .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
52	Lymphadenoma .. ..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
53	Premature Birth .. ..	66	..	..	..	..	..	..	..	..	..	..	..	..	66
54	Injury at Birth .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55	Debility at Birth .. ..	7	..	..	..	..	..	..	..	..	..	..	..	..	7
56	Atelectasis .. ..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
57	<i>Congenital Defects</i> .. ..	15	2	..	..	..	..	..	..	..	..	..	..	..	17
58	Want of Breast Milk .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
59	Atrophy, Debility, Marasmus ..	20	1	..	..	..	..	..	..	..	..	..	..	..	21
60	Dentition .. ..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
61	Rickets .. ..	..	1	2	..	..	..	..	..	..	..	..	..	..	3
62	Old Age, Senile Decay .. ..	..	..	..	..	..	..	..	..	..	..	23	64	14	101
63	Convulsions .. ..	13	3	..	..	..	..	..	..	..	..	..	..	..	16
64	Meningitis .. ..	1	..	..	1	1	1	..	..	..	1	..	..	..	5
65	Encephalitis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
66	Apoplexy .. ..	..	..	..	..	1	..	1	5	6	13	15	11	..	52
67	Softening of Brain.. ..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
68	Hemiplegia .. ..	..	..	..	..	..	..	..	1	1	3	7	3	..	15
69	General Paralysis of Insane ..	..	..	..	..	..	..	..	1	3	2	3	4	..	13
70	Other forms of Insanity .. ..	..	1	..	..	..	..	..	..	..	..	1	1	..	3
71	Chorea .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
72	Cerebral Tumour .. ..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
73	Epilepsy .. ..	..	1	..	1	..	..	..	1	1	..	1	..	..	5
74	Laryngismus Stridulus .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
75	Locomotor Ataxy .. ..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
76	Paraplegia .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
77	<i>Other forms, Brain Diseases</i> ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
77a	Other forms Spinal Cord Diseases	..	..	..	..	..	..	..	..	..	1	..	..	..	1
77b	Peripheral Neuritis .. ..	..	..	..	..	..	..	..	3	..	..	..	1	..	4
78	Otitis .. ..	..	2	..	..	1	..	1	..	1	..	..	..	..	5
79	Disease of Nose, Epistaxis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
80	Diseases of Eye .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
81	Pericarditis .. ..	..	..	..	..	1	1	..	..	..	1	..	..	..	3
82	Endocarditis .. ..	..	1	..	1	4	2	4	4	11	9	8	1	..	45
83	Hypertrophy of Heart .. ..	..	..	..	..	..	..	..	..	..	2	..	..	..	2
84	Angina Pectoris .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
85	Aneurism .. ..	..	..	..	..	..	..	..	..	1	1	..	..	..	2
86	Senile Gangrene .. ..	..	..	..	..	..	..	..	..	..	..	1	2	1	4
87	Embolism, Thrombosis .. ..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
88	Phlebitis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
89	Varicose Veins .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS ..		124	12	3	4	8	5	8	23	49	58	87	96	16	493



No.	Diseases.	Ages.													All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
90	<i>Other Diseases, Heart and Vessels</i>	1	..	..	1	3	1	4	6	16	11	15	13	..	71
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
91	Laryngitis .. .. .	1	..	..	..	..	..	1	..	..	..	..	..	..	2
92	Croup .. .. .	..	1	..	..	..	..	..	..	..	..	..	..	..	1
93	<i>Other Diseases, Larynx &amp; Trachea</i>	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
94	Acute Bronchitis .. ..	24	13	..	..	..	..	1	1	3	..	7	1	..	50
95	Chronic Bronchitis .. ..	..	..	..	..	..	..	..	..	..	8	14	6	..	28
96	Lobar Pneumonia .. ..	1	..	1	1	..	..	1	3	1	..	..	..	..	8
97	Lobular Pneumonia .. ..	14	12	..	..	..	..	1	1	1	1	4	..	..	34
98	Pneumonia .. .. .	4	8	..	1	..	3	1	6	7	10	8	2	..	50
99	Emphysema, Asthma .. ..	..	..	..	..	..	..	..	2	2	1	3	..	2	10
100	Pleurisy .. .. .	..	..	..	..	..	..	..	..	..	1	..	..	..	1
101	<i>Other Diseases, Respiratory System</i>	..	1	..	1	..	..	1	2	1	3	1	1	..	11
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
102	<i>Diseases of Mouth and Annexa</i> ..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
103	Diseases of Pharynx .. ..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
104	Diseases of Esophagus .. ..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
105	Ulcer of Stomach and Duodenum	..	..	..	..	..	..	4	3	..	..	..	..	..	7
106	Other Diseases of Stomach ..	5	..	1	..	..	..	1	..	1	..	2	..	..	10
107	Enteritis .. .. .	2	1	..	..	..	..	..	..	..	1	..	..	..	4
108	Appendicitis .. .. .	..	..	1	1	1	..	2	2	1	1	..	..	..	9
109	Obstruction of Intestine ..	1	2	1	..	..	..	..	1	1	1	4	..	..	11
110	Other Diseases of Intestine ..	1	..	..	..	..	..	..	..	..	..	1	1	..	3
111	Cirrhosis of Liver .. ..	..	..	..	..	..	..	1	5	7	10	2	..	..	25
112	Other Diseases of Liver .. ..	1	..	..	..	..	..	..	..	..	1	2	..	1	5
113	Peritonitis .. .. .	..	..	..	..	..	..	1	..	1	1	..	..	..	3
114	<i>Other Diseases, Digestive System</i>	..	1	..	..	1	..	..	1	..	..	..	1	..	4
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
115	<i>Diseases, Lymphatic System and Glands</i> }	..	2	..	..	..	..	..	1	1	..	1	..	..	5
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
116	Acute Nephritis .. .. .	..	..	..	..	..	..	..	..	2	1	1	..	..	4
117	Bright's Disease .. .. .	..	..	..	..	..	..	1	3	5	3	6	1	1	20
118	Calculus .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
119	Diseases of Bladder and Prostate	..	..	..	..	..	..	1	1	1	3	..	..	..	6
120	<i>Other Diseases, Urinary System</i> ..	..	..	..	..	..	..	..	..	1	2	..	1	..	4
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
121	Diseases of Testis and Penis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
122	Diseases of Ovaries .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
123	Diseases of Uterus and Appendages	..	..	..	..	..	..	..	..	1	..	..	..	..	1
124	Diseases of Vagina and External Genitals }	..	..	..	..	..	..	..	..	..	..	..	..	..	..
125	Diseases of Breast .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
126	Abortion, Miscarriage .. ..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
127	Puerperal Mania .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
128	Puerperal Convulsions .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
129	Placenta Prævia, Flooding ..	..	..	..	..	..	..	2	1	..	..	..	..	..	3
	TOTALS ..	56	41	4	5	5	4	25	39	53	60	71	27	4	394



No.	Diseases.	Ages.													All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
130	Puerperal Thrombosis .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
131	Other Diseases, Pregnancy and Childbirth	..	..	..	..	..	..	1	1	1	..	..	..	..	3
132	Arthritis, Ostitis, Periostitis ..	..	..	..	..	..	..	..	..	..	..	1	1	..	2
133	Other Diseases, Osscous System ..	..	..	2	..	..	..	..	..	..	..	..	..	..	2
134	Ulcer, Bed sore .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
135	Eczema .. ..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
136	Pemphigus .. ..	2	..	..	..	..	..	..	..	..	..	..	..	..	2
137	Other Diseases, Integumentary System }	..	..	..	..	..	..	..	..	..	1	..	..	..	1
138	Accidents and Negligence— In Mines and Quarries .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
139	In Vehicular Traffic .. ..	2	1	1	1	1	..	1	1	..	2	1	..	..	11
140	On Railways .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
141	On Ships, Boats, Houses, &c., (not drowning) }	..	1	..	1	..	..	..	1	..	..	..	1	..	4
142	In Building Operations .. ..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
143	By Machinery .. ..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
144	By Weapons and Implements ..	..	..	..	..	..	..	2	..	..	..	..	..	..	2
145	Burns and Scalds .. ..	1	4	..	..	..	..	..	..	..	..	..	..	..	5
146	Poisons, Poisonous Vapours ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
147	Surgical Narcosis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
148	Effects of Electric Shock .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
149	Corrosions by Chemicals .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
150	Drowning .. ..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
151	Suffocation, Overlaid in Bed ..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
152	„ Otherwise .. ..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
153	Falls not specified .. ..	..	..	..	1	..	..	..	..	..	..	1	1	1	4
154	Weather Agencies .. ..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
155	Otherwise not stated .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
156	Homicide .. ..	1	..	..	..	..	..	1	..	..	1	..	..	..	3
157	Suicides— By Poison .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
158	By Asphyxia .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
159	By Hanging and Strangulation ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
160	By Drowning .. ..	..	..	..	..	..	..	..	1	..	..	1	..	..	2
161	By Shooting .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
162	By Cut or Stab .. ..	..	..	..	..	..	1	..	..	..	..	1	..	..	2
163	By Precipitation from Elevated Places }	..	..	..	..	..	..	..	..	..	..	..	..	..	..
164	By Crushing .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
165	By other and unspecified methods	..	..	..	..	..	..	..	..	..	..	..	..	..	..
166	Execution .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
167	Sudden Death, cause not ascertained	..	..	..	..	..	..	..	..	..	..	..	..	..	..
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## Sale of Food and Drugs Act, 1875.

*Copy of the Report of the Public Analyst for the City of Coventry upon the articles analysed by him under the above Act for the year ending 31st December, 1908.*

Article submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated what were the nature and extent of the Adulterations.	Observations.
NewMilk 62 smp.	Mr. W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	Genuine.	
„ I „	„	Adulterated, deficient of 19% fat.	Vendor to be kept under ob- servation and further samples obtained. Fur- ther samples pr'ved genuine
„ I „	„	Adulterated, deficient of 3% non-fatty solids.	Vendor to be kept under ob- servation.
Condensed Milk 6 „	„	All genuine.	
SkimMilk 1 „	„	Adulterated, 19 % contained added water.	This was new milk contain'g added water. Vendor to be kept under ob- servation.
Butter II „	„	All genuine.	
„ I „	„	Adulterated, contained 5.2 % excess of water.	Disclosure on wrapper.
Margarine 2 „	„	Genuine.	
Mustard I „	„	„	
Pepper I „	„	„	
Ground Sugar I „	„	„	
Medicines (Compounded as per pre- scription) 3 „	„	„	
NewMilk 36 „	„	All genuine.	

**Sale of Food and Drugs Act, 1875—Continued.**

Article submitted for Analysis.	State whether the sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated, what were the nature and extent of the Adulterations.	Observations.
New Milk 1 smp.	Mr. W. H. Clarke Food & Drugs Inspector to the City of Coventry.	Adulterated, deficient of 9% of fat.	Vendor to be kept under ob- servation and further samples obtained.
„ 1 „	„	Adulterated, deficient of 7% of fat.	„
Butter 6 „	„	All Genuine.	
Swiss Milk			
Chocolate			
„ 1 „	„	Genuine.	
Sweets 2 „	„	Both Genuine.	
Milk 3 1 „	„	All Genuine.	
„ 1 „	„	Adulterated, contained 7 % added water.	Ceased selling milk.
„ 1 „	„	Adulterated, deficient of 13% of fat.	Fined 2/6 and costs 8/6, also Analyst's fee, 10/6.
Butter 10 „	„	All Genuine.	
Bloater			
Paste 3 „	„	„	
Compound			
Liquorice			
Powder 1 „	„	Genuine.	
Milk 20 „	„	All Genuine.	
„ 1 „	„	Adulterated, deficient of 3% non-fatty solids.	Vendor to be kept under ob- servation.
Butter 9 „	„	All Genuine.	



## CITY OF COVENTRY.

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### **Report of the Deputation who attended the Congress of the Royal Institute of Public Health.**

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The Annual Congress of the above Institute was held at Buxton from July 18th to 24th. At the inaugural meeting the Presidential address was given by the Duke of Devonshire.

The work of the Congress was divided up into the usual sections.

#### SECTION OF PREVENTIVE MEDICINE.

This section was opened by a lengthy and able address by Sir James Crichton-Browne on "Parsimony in nutrition." The substance of this address has been largely reported in the Press.

Mr. Vivian, M.P., read a paper on "The Co-partnership Tenants' Scheme"; and Mr. Barlow, of Bourneville, on the lessons to be derived from the Bourneville experience.

Dr. McWalter, of Dublin, gave a full review of the provisions of the Public Health Act Amendment Act of 1907.

A very interesting discussion followed the reading of two papers on "The biology of house flies in relation to public health" and "Typhoid Carriers," by Mr. Hewitt, of Manchester, and Dr. Davies, Medical Officer of Health of Bristol, respectively.

A valuable contribution was a paper by Dr. Lewis Thomson on the infectivity of Cerebro-Spinal Meningitis.

Dr. Barwise, the Medical Officer of Health for Derbyshire, gave an account of recent researches on sewage purification.

Papers followed on Vaccination and The State Control of Alcoholism, "Return" Cases of Scarlet Fever, the Control of the Spread of Tuberculosis through Milk and Meat, &c., &c.

## SECTION OF CHILD STUDY AND SCHOOL HYGIENE.

This section was opened by an address from the President, Dr. J. J. Cox, of Manchester; one point specially dwelt upon in the address and emphasised by Professor Matthew Hay, of Aberdeen, was the value of Lady Health Visitors in combatting infantile mortality.

Mrs. Dickinson Berry, Assistant Medical Officer to the Education Committee of the London County Council, read a very suggestive paper on "Mentally defective children in school and afterwards," in which she traced the history of a number of children who had been educated in special schools, following them up into the positions they occupied in after-life.

Mrs. C. E. O'Connor, the Medical Superintendent of the Special Schools in Birmingham, also dealt with the problem of the after-care of the mentally defective, and related the work done at the new Birmingham residential school at Sandwell Hall.

This was followed by a paper by Dr. Jane Walker on "Dietetics in school children," and by one by Dr. Wallace, a dentist, on the relation existing between the diet of children and carious teeth; the importance of this matter was fully brought out in the discussion, which showed the excessive prevalence of decayed teeth among school children.

Papers were submitted on Juvenile Legislation, Tuberculosis among Children, and the causation of enlarged glands in school children.

One very interesting paper was on the results of medical inspection and dental examination of school children in Cambridge.

Other papers followed on different phases of medical inspection and its possible results; also on the teaching of hygiene in schools.

There were others on homework and the teaching of the deaf; the contagious diseases of the skin, to which school children are liable; and the preventive treatment of spinal curvature.

## SECTION OF VETERINARY SCIENCE.

The President, Mr. Penberthy, of Gloucester, gave an address dealing mainly with the relation of veterinary surgeons to the question of disease among cattle.

A very suggestive paper was read by Mr. de Vine on the eradication of Bovine Tuberculosis. In this it was shown that the experiments carried out in Denmark have proved conclusively how simple a matter this eradication becomes when the process is applied to a single herd; the disease



practically only exists in those countries where cattle are housed during a portion of the year ; the improvement of the housing conditions would therefore appear to lie at the bottom of the problem ; the paper suggested that by the application of more stringent laws in regard to the separation and compulsory slaughter of diseased animals, the regular examination of herds, and a duly proportioned compensation for diseased animals, the disease might, at no long interval of time, be exterminated from the cattle of this country.

A paper by Mr. Gregg, of Belfast, dealt with the problem along similar lines.

Papers were read on Anthrax and Glanders, and on the qualifications of a Meat Inspector.

## SECTION OF INDUSTRIAL HYGIENE AND FACTORY LEGISLATION.

This was a new section, and was presided over by Dr. Thomas Oliver, of Newcastle-on-Tyne. whose address was on "Some industrial problems from the social and industrial point of view."

One of the first papers dealt with the subject of Smoke Abatement in great towns ; others related to lead poisoning, stonemasons' phthisis, &c.

## SECTION OF BACTERIOLOGY AND CHEMISTRY.

Papers were read on the Bacteriology of Summer Diarrhœa among Infants, and other subjects.

## SECTION OF ENGINEERING AND ARCHITECTURE.

This was presided over by Mr. Paul Ogden, F.R.I.B.A.

A very full description was given of the Derwent Valley Water Scheme by the Chief Engineer of the Water Board, with limelight illustrations.

Several papers dealt with the question of sewage disposal, others with the warming and ventilation of hospital wards, town planning and housing, road construction, the planning of secondary schools, &c.

Your Delegates visited the Buxton refuse destructor (where some new cells are being installed by Messrs. Heenan and Froude), the sewage works with bacterial filter beds, and the new waterworks reservoir.



An exhibition of sanitary appliances was held in connection with the Congress. And the Congress itself was considered to be a very successful one.

Next year there is to be a joint Congress between the Royal Institute of Public Health and the Royal Sanitary Institute at Leeds, the initiative of the union of the two Institutes in one Congress coming from the Corporation of the city of Leeds.

WILLIAM LEE,  
Chairman.

E. H. SNELL, M.D.,  
Medical Officer of Health.

September, 1908.

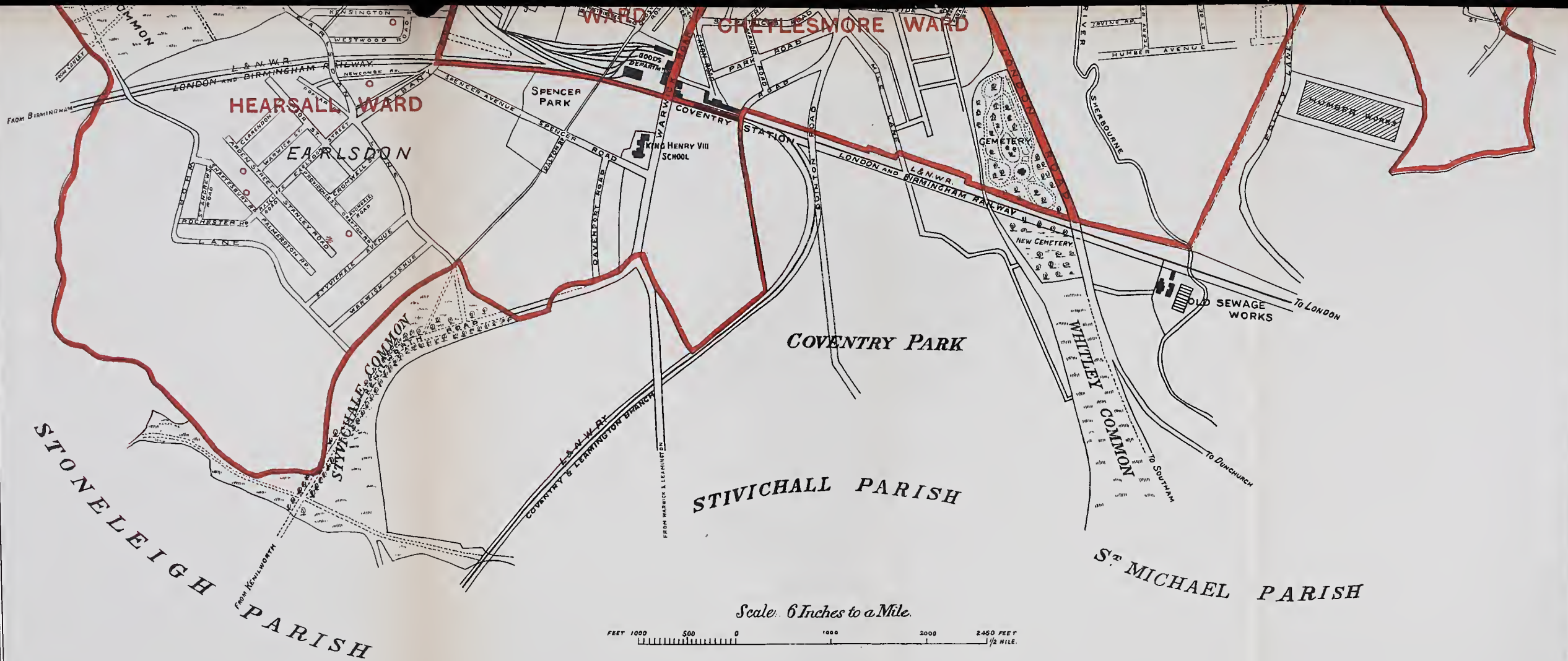
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# CITY OF COVENTRY.

## DISTRIBUTION OF CASES OF INFECTIOUS DISEASE 1908.

- = SCARLET FEVER.
- = TYPHOID "
- \* = DIPHTHERIA.

WHITMORE PARK

F O L E S H I L L P A R I S H

